DOCUMENT RESUME

ED 055 167 VT 013 749

AUTHOR	Silverstein, Sam, Ed.; And Others
TITLE	Experiments in Mental Health Training. Project Summaries.
INSTITUTION	National Inst. of Mental Health (DHEW), Bethesda, Md.
PUB DATE	Apr 71
NOTE	156p.
AVAILABLE FROM	Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (HE20.2402:EX7, $1.50)
EDRS PRICE	MF-$0.65 HC-$6.58
DESCRIPTORS	Adult Education; Demonstration Projects; *Educational Programs; Experimental Programs; *Health Occupations Education; *Manpower Development; *Mental Health; Nonprofessional Personnel; Pilot Projects; Professional Training; Subprofessionals

ABSTRACT

This report contains summaries of mental health training projects conducted under grants awarded by the Experimental and Special Training Branch of the Division of Manpower and Training Programs. The projects have been developed in both academic and non-academic settings for professional, subprofessional, and nonprofessional training for a variety of functions including service, teaching, research, and prevention in the mental health field. The project summaries are arranged by training location under 33 sections, some of which are: (1) Mental Health Workers (Associate of Arts and Non-academic), (2) College, Hospital, Community Agency, or Model Cities Personnel, (3) Films and Television, (4) Pharmacists, Dentists, or Architects, (5) Volunteers and Citizen Participation, (6) Child Care Personnel, (7) Nursery School Teachers for Emotionally Disturbed Children, (8) Specialists in Sex, Marriage, and Family, (9) Educational Administrators, (10) Personnel in Crime and Delinquency, (11) Alcoholism and Drug Abuse Personnel, (12) Geriatric Workers, and (13) Professional Psychology. (SB)

ED055167

EXPERIMENTS in MENTAL HEALTH TRAINING

NATIONAL INSTITUTE OF MENTAL HEALTH

VT013749

1

ED055167

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY

EXPERIMENTS IN MENTAL HEALTH TRAINING

Project Summaries

Edited by Staff of
Experimental and Special Training Branch
Division of Manpower and Training Programs

U.S. Department of Health, Education and Welfare
Public Health Service
Health Services and Mental Health Administration
National Institute of Mental Health
Chevy Chase, Maryland 20015

April 1971

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402 - Price $1.50

ED022191

Public Health Service Publication No. 2157

(Printed 1971)

Preface

This is the second publication of the Experimental and Special Training Branch designed to provide summary information on the varied projects supported since the National Institute of Mental Health began to encourage training projects of a pilot or demonstration nature in the field of mental health. We have, in this document, attempted to provide more detailed information than was encompassed in the first such venture, Innovations in Mental Health Training. Appreciation is hereby expressed to the training project directors for their kind assistance in providing the basic information on their programs. It is hoped that the editing done, which was dictated primarily by space limitations and style requirements, has not distorted the content of their contributions.

Ralph Simon, Ph.D.
Chief, Experimental & Special Training Branch
Division of Manpower & Training Programs

Introduction

This report contains summaries of training projects, past and present, conducted under grants awarded by the Experimental and Special Training Branch[1/] of the Division of Manpower and Training Programs, NIMH. These projects reflect many new approaches for training mental health personnel.

Experimental and Special Training projects have been developed in both academic and non-academic settings for professional, subprofessional, and nonprofessional training for a variety of functions including service, teaching, research, and prevention in the field of mental health.

Experimental and Special Training projects are new, unique, and innovative and attempt to investigate an unexplored area of training. The objective of each pilot project is to serve as an experiment in developing and testing out a model of some phase of mental health training which can be replicated by other institutions. Support, therefore, is limited to projects which will make a maximum contribution to knowledge about mental health training. From this perspective, individual Experimental and Special Training projects are viewed as a means, not ends in themselves.

Programs have also been designed to increase the potential mental health manpower pool by training new types of mental health personnel such as mental health technicians.

1/ Formerly the Pilot Projects Section, Training Branch, NIMH

Grants are made to eligible training settings for the following types of experimental projects:

A. The development of training programs for new types of mental health personnel.

B. The development of training programs for persons whose roles or functions may be related to mental health.

   Many persons from fields other than the basic mental health disciplines utilize mental health content and skills as an integral part of their functions. Training programs to equip such persons with mental health backgrounds may be eligible for support.

C. The development of new and experimental methods of training.

   These projects, designed to improve training procedures, may be interdisciplinary or within any single mental health or allied discipline. Projects concerned with the application of new educational technology to mental health training may be eligible for support.

The summaries presented here represent the status of activity as of the summer of 1970. For the most part, the summaries were prepared by the training project directors and have been minimally edited by NIMH staff, primarily with the purpose of keeping the material to a standard length. The reports are, for convenience, arranged according to topics as indicated in the Table of Contents. An index is also available.

There is an indication for each of the span of years in which support was awarded by the Experimental and Special Training Branch (or its predecessor, the Pilot Projects Section). Some of the grants have been transferred to newly created units of the NIMH whose functions covered the substantive area of the project. Such grants are marked with an asterisk. Some of the transferred projects have been renewed by other units of NIMH after the ending date for support listed here.

In many cases detailed publications and curriculum descriptions and materials are available from the project directors; if they are no longer at the institution which originally received the grant, a current address is listed where known to staff.

In instances where it was not possible to obtain a current summary prepared by the actual grantee, other resources available to staff were utilized. In those instances an appropriate notation will be found.

Those pilot or experimental projects which deal exclusively with the training of "core" mental health personnel, i.e., psychologists, psychiatrists, psychiatric nurses and social workers, and which are supported in the discipline-based branches of the Division of Manpower and Training Programs, are not included in this compendium.

This report represents a joint effort of the entire staff of the Experimental and Special Training Branch. Editing was performed by Drs. Ralph Simon, Sam Silverstein, and Beatrice M. Shriver with overall coordination the responsibility of Dr. Silverstein. Special credit is due Mrs. Esther Diamond who has since the beginning of this endeavor taken care of a multitude of details involved in collecting the basic information, and seeing it through to the finished product. Mrs. Kate Krupen and Mrs. Bonnie Zevin assisted in the preparation of the manuscript.

Table of Contents

Preface

Introduction

Section		Page
1.	Mental Health Workers (Associate of Arts)	
	Purdue University	1
	Southern Regional Education Board	3
	Daytona Beach Junior College	4
	Sinclair Community College	6
	Metropolitan State College	7
	Community College of Philadelphia	8
	Jefferson State Junior College	10
	Greenfield Community College	12
	Western Interstate Commission for Higher Education	12
2.	Mental Health Workers (Non-Academic)	
	Children's Hospital (District of Columbia)	13
	American Psychological Association	13
	Lincoln Hospital Mental Health Services	13
	Albert Einstein College of Medicine	13
	Department of Institutions (Washington)	15
	University of Southern California	16
	The Woodlawn Organization	18
	University of Rochester	18
	Willowbrook School District	20
3.	College Personnel	
	Western Interstate Commission for Higher Education	21
	University of Florida	22
4.	Hospital Personnel	
	Beth Israel Hospital	23
	Philadelphia State Hospital	23

Table of Contents (Contd)

Section		Page
	H. Douglas Singer Zone Center	24
	Department of Mental Health (Michigan)	26
5.	Community Agency Personnel	
	University of Miami	29
	Los Angeles Institute for Psychoanalysis	29
	Western Interstate Commission for Higher Education	30
	The Bradley Center, Inc.	30
	Southern Regional Education Board	31
	Temple University Medical Center	31
6.	Model Cities Personnel	
	University of Arkansas	33
7.	Volunteers & Citizen Participation	
	National Association for Mental Health	35
	Boston State Hospital	35
	National Association for Mental Health	36
	National Congress of Parents and Teachers	36
	Northeastern University	37
8.	Administrative, Consultative, & Leadership Personnel	
	National Training Laboratories	39
	Harvard Medical School	39
	University of California	40
	University of North Carolina	42
	Case Western Reserve University	43
	Institute for Child Mental Health	45
	Howard University	46
9.	Pharmacists	
	University of Southern California	49
10.	Clergy	
	Loyola University	51
	Harvard University	52

Table of Contents (Contd)

Section		Page
	Yeshiva University	52
	Jewish Theological Seminary of America	54
	The Menninger Foundation	55
	Indiana University Medical Center	57
	Case Western Reserve University	58
	Temple University School of Medicine	59
11.	Indian Medicine Men	
	Rough Rock Demonstration School	63
12.	Mental Health Communications Specialists	
	Syracuse University	65
	Kansas State University	66
	University of Texas	67
13.	Films & Television	
	Harvard Medical School	69
	University of Mississippi	69
14.	Adjunctive Therapists	
	Buttonwood Farms, Inc.	71
	University of Kansas	72
	Utica College of Syracuse University	74
	Temple University	75
15.	Dentists	
	University of California	77
16.	Architects	
	University of California	79
17.	Research Personnel & Statisticians	
	Center for Advanced Study in the Behavioral Sciences	81
	Southern Methodist University	82
	University of North Carolina	82
	College of Physicians & Surgeons of Columbia University	84

Table of Contents (Contd)

Section		Page
18.	Early Child Care Personnel	
	Tufts University School of Medicine	87
	Institute for Child Mental Health	87
19.	Child Care Personnel	
	Chicago Institute for Psychoanalysis	89
	University of Michigan	89
	Chicago Institute for Psychoanalysis	89
	University of Pittsburgh	90
	Devereux Foundation	92
	Judge Baker Guidance Center	93
	LaRue D. Carter Memorial Hospital	95
	Knox College	95
	University of Pittsburgh	96
20.	Nursery School Teachers (for Emotionally Disturbed Children)	
	University of Michigan	99
	Tufts University	100
	Wheelock College	100
	Cedars-Sinai Medical Center	102
21.	Teachers for Emotionally Disturbed Children	
	University of Minnesota	105
	Syracuse University	106
	New York University	106
22.	Mental Health Training for Teachers	
	University of Wisconsin	109
	San Francisco State College	110
	University of Texas	110
23.	Educational Administrators	
	University of Chicago	113
	University of New Mexico	113
	George Peabody College for Teachers	114

0011

Table of Contents (Contd)

Section		Page
24.	School Consultants	
	George Peabody College for Teachers	115
	Kent State University	115
	University of Michigan	117
	Florida State University	118
	University of Chicago	119
	University of Kansas	121
25.	Specialists in Sex, Marriage & Family	
	University of Pennsylvania	123
	University of Minnesota	124
	Salvation Army	124
	Mental Research Institute	125
	Bowman Gray School of Medicine	127
26.	Lawyers & Judges	
	University of Pennsylvania	129
	Yale University Law School	129
	Boston University	129
	University of Southern California	129
	Menninger Foundation	129
	University of Southern California	130
	National Council of Juvenile Court Judges	130
27.	Personnel in Crime & Delinquency	
	Judge Baker Guidance Center	131
	Howard University	131
	University of California	131
	Southern Illinois University	133
	Washington University	133
	Institute for the Study of Crime & Delinquency	134
	University of Minnesota	135

Table of Contents (Contd)

Section		Page
28.	Alcoholism & Drug Abuse Personnel	
	Massachusetts Health Research Institute, Inc.	139
	The Chicago Medical School	140
	Georgia Department of Public Health	140
	New York Medical College	141
	Baltimore City Health Department	142
29.	Geriatric Workers	
	Case Western Reserve University	145
30.	Mental Retardation Personnel	
	Jewish Hospital of Brooklyn	147
	University of Kansas	147
	New York Medical College	148
	Yeshiva University	149
31.	Recruitment for Professions	
	Special Service for Groups, Inc.	151
32.	Professional Psychology	
	University of Illinois	153
33.	Public Health Personnel	
	The Johns Hopkins University	155

INDEX

List of Symbols

*	Transferred to another unit of NIMH
**	Summary prepared by staff
***	Summary presented as published in previous edition

Section 1. MENTAL HEALTH WORKERS (ASSOCIATE OF ARTS LEVEL)

TWO-YEAR PROGRAM FOR THE TRAINING OF MENTAL HEALTH WORKERS

Dr. John M. Hadley (Deceased)
Department of Psychology
Purdue University
Lafayette, Indiana 47907
MH-10281 1966-1970

The original objectives as described in the grant proposal were to develop and evaluate a two-year university-based program for the training of mid-level mental health workers. The intent was to educate generalist mental health manpower - individuals with a core of liberal arts courses and specialized courses and field experiences related to mental retardation, emotional disturbance, and the field of social welfare. It was anticipated that this type of manpower would perform front-line or direct-patient job duties.

While the basic objectives have remained consistent, refinements and modifications have occurred. The concept of the generalist has been broadened to include community and helping services beyond what has traditionally been included in the mental health establishment (e.g., corrections work, OEO programs, work with the physically handicapped and aging, speech and hearing therapy, etc.). The job model has been expanded to encompass liaison or coordination functions among professionals, aides, attendants and different agencies. The current objectives are to provide behaviorally-oriented liberal arts courses, specialized mental health courses and field experiences, and to develop or enhance positive attitudes and skills in the therapeutic interaction. Fifty-four students have graduated from the program and have been awarded the Associate of Applied Science Degree. The program began July 1965, and the first class of students entered in September 1966.

The majority of students are females; predominantly recent high school graduates with the remainder being older married housewives. Disadvantaged students have participated in the program. To date, there have been two males in each class on the average. The class scheduled to begin September 1970 will have a higher proportion of males. The students range in age from 17 to 51. Academically they are comparable to other university students.

Purdue University, Fort Wayne Campus is the primary training facility. Several mental health settings have cooperated with the university by providing practicum settings and supervision.

The present curriculum may be divided into two broad areas - general college courses and specialized courses in mental health. Students earn 15 credits in psychology, including Elementary Psychology, Child Psychology, Social Psychology, Abnormal Psychology and the Psychology of the Exceptional child. Six credits are earned in sociology - an introductory course and a course in social problems. Other courses include three hours of English, a six-hour Biology of Man sequence, and a three-hour elective.

Four of the specialized courses offered in mental health are Introduction to Mental Health Activity Therapies, Learning Theory and Behavior Modification, and the Case Study Method. One course is offered each semester. Each has an associated practicum, and students spend four to six hours per week in actual interaction with clients. During the summer between the first and second years, students are enrolled in a ten-week summer practicum. This is a full-time paid position and these assignments are arranged so that the student can function in so far as possible as a potential mental health generalist will function.

Providing practicum experiences from the first semester is fairly innovative. Generally students in university settings do not have such experiences until later than the first two years.

Another innovative aspect of the program is a fairly heavy emphasis on the use of laboratory training methods developed by the National Training Laboratories. Prior to the start of classes in the fall, students, staff, and outside consultants spend four-and-a-half days at a camp removed from the campus. The total experience is called a laboratory in human relations training. Students spend part of the time at the laboratory in sensitivity training groups. In addition to T-Groups, the laboratory includes sessions on areas such as nonverbal communication, decision making and the helping relationship. Laboratory training is then continued throughout the two-year program. Formal credit is given in a sequence of courses entitled Group Dynamics (I, II, III, IV). The group dynamics sequence also includes focused training on enhancing interaction skills such as empathy, genuineness, and respect.

The general role model is that of Mid-Level Mental Health Generalist. It was believed that graduates could find employment in institutions as members of milieu treatment

teams, comprehensive community mental centers, day-care programs, out-patient services, outreach work programs, coordination activities among agencies, sheltered workshops, teacher or teacher assistants for emotionally disturbed and retarded children, corrections sytems, and public school systems. Except for the area of corrections, graduates are currently employed in all of the above settings.

The Purdue program was the first two-year mental health training program in the country. Since its inception, over 50 programs have begun or are in planning stages. This phenomenal growth, in part, reflects a growing recognition that the preprofessional mental health worker represents a viable strategy for improving the delivery of mental health services. In no small measure the Purdue program has been looked to by other developing programs.

Purdue's mental health program has had a significant impact on the local community. Several agencies have provided practicum placements and many have enlarged these placements to full-time paid positions. Agencies have developed outreach programs using graduates as the manpower core. A local state institution has hired several graduates to work as program coordinators.

Students formed a campus mental health association and a social club for re-entering individuals. The adult division of the local mental health center has assumed administrative and financial responsibility for the club.

When the program began in 1965, no job specifications existed for mental health technicians. Largely through the efforts of program personnel and key agency people, the state recently passed a job classification for graduates of two-year mental health training programs.

Nationally, the Purdue program is looked to as being the pioneering effort in creating a new vocation in the field of mental health.

Several programs have utilized the experiences of the Purdue program in various stages of planning and implementation. Many, for example, have structured their curriculum on the basic model of Purdue. Personnel from other programs have visited to observe the program in operation. Others, while not visiting the program, have communicated with the staff.

The research associate of the Purdue program has consulted with research staff at the Southern Regional Education Board in establishing a research design for the evaluation of programs in the southern states. In addition, staff have and continue to serve on the advisory board of SREB.

Visits have been made by program staff to other programs such as Metropolitan College in Denver and the program in Daytona Beach.

Graduates have been employed in a variety of settings and perform various job functions. Among these are members of treatment teams in institutions for the emotionally disturbed; program coordinators, teachers, and behavior modification program implementors at a state institution for the retarded; outreach workers, intake interviewers, "supportive" therapists, and liaison workers at mental health clinics; mobility teachers for the blind; activity therapy personnel at nursing homes and geriatric institutions; back-up therapists at speech and hearing clinics; community workers for public school systems; and social services workers at tuberculosis sanatoriums. One graduate was hired as the executive director of the local county mental health association. At an institution for the mentally retarded, some graduates are responsible for teaching behavior modification techniques to aides and attendants. Several graduates have supervised mental health students in their practicums. Movement upward in the system occurs primarily through increased responsibility and job enlargement.

One administrator feels that graduates have had a decided impact on the climate of his setting; there is more openness and effective communication among staff. Outreach work, program coordination, and liaison among agencies represent areas where new roles have been created primarily because of graduates' effectiveness and availability.

Few appropriate texts exist for the specialized mental health courses. Consequently, staff have prepared reading lists and written materials for various topics. For the group dynamics sequence, exercises are continually developed and used at Purdue and shared with other programs. For training in interaction skills, tape recordings have been developed and are played for students to listen to and evaluate.

Program staff have visited over 60 settings and workshops describing their experiences. Papers have been presented at several national, state, and local professional associations.

Seven articles have been published on various aspects of the program and the mid-level mental health worker. In addition, staff have corresponded with over 500 agencies

or persons, and requests for information are continually made by individuals in the field.

A follow-up study of graduates indicated that supervisors are generally pleased with their performance; and, in the main, graduates are satisfied with their work. At the same time, there are problems or issues. One is the resistance from aides and attendants. This group, however, would most likely be resistant to most change. It is not simply that a new breed of workers is on the scene threatening to disrupt the institution. Resistance from professionals seems somewhat different. The climate and values where the graduates experience resistance tends to be one where roles are rigidly defined and the focus is who does what rather than the most effective delivery of services. Program staff, by serving as consultants to both graduates and other agency staff, can help in reducing resistances.

What happens after graduates take entry jobs is also an issue. Several graduates are continuing their education. In some cases, they have mixed feelings about school since they feel they must continue with their formal education if they are to advance. Continual effort needs to be directed towards creating career ladders.

Based on experiences with agency personnel and the wide range of job roles of graduates, it appears that the concept of the generalist is viable.

Purdue University has formally agreed to assume financial responsibility for the program after the grant terminates.

PROMOTION OF COMMUNITY COLLEGE MENTAL HEALTH WORKERS

Dr. Harold McPheeters
Southern Regional Education Board
130 Sixth Street, N.W.
Atlanta, Georgia 30313
MH-10879 1968-1973

This project of the Southern Regional Education Board is concerned with assisting the community colleges and the mental health agencies of the region to establish Mental Health Technology programs at the Associate of Arts level and to introduce and make the best use of these program graduates in the operating mental health programs.

Approximately 200 students are enrolled in the community colleges with which the project works. They are essentially high school graduates - some recent and some who have worked as psychiatric aides or volunteers, but who are now working toward an Associate of Arts degree in Mental Health.

There are 17 community colleges of the South now training Mental Health Technicians with three more planning to undertake such programs in September 1970. The project is working with state and local mental health program directors in the Southern states that also have or are planning college training programs. The project also works with the professional associations and the graduates themselves. These academic programs are all approximately two years in duration with a mix of (1) General Studies, (2) Social Sciences, (3) Mental Health Technology courses and (4) Field Experience. Information has been collected about the various curricular offerings, their objectives and rationales, etc. Training methods vary but include use of group process, sensitivity training, and videotape, all stress practicum training which is generally concomitant with classroom learning.

The college programs almost all stress a "generalist" role model - that is a person who is primarily assigned to a client or family or neighborhood to help them meet all of their mental health needs. A serious problem faces these graduates from the agencies and professions which tend to view these workers as assistants who work under the direction of one of the established professions. The project is attempting to resolve this conflict in favor of the generalist position. The project also is working with agencies to help establish job descriptions, salary schedules, career ladders, realistic patterns of supervision, etc. So far virtually all the graduates who have wanted jobs have been able to find employment in mental health or related agencies. New position descriptions are being established in the various agencies of the region so that there will be expanding employment opportunities.

By working with college program directors, mental health agency personnel, the mental health professions and lay associations, it is hoped to establish Mental Health Technicians as a socially significant force in the mental health manpower field in the period of 5-10 years. This is a social experiment to see if a new occupational group can be planfully created rather than letting it evolve in the random and often faulty fashion which usually obtains for occupations and professions.

Among the accomplishments attributed to the project are the following:

The college program directors have more clearly defined their program objectives and have refined their curricula and teaching methods as a result of participation in the conferences and surveys conducted. Several state and local mental health agencies have established job descriptions and funded positions and have established new departments in which these graduates are working. In many agencies and professions there is a new way of thinking of middle level mental health workers as people of independent judgement and function rather than as "non-professional" aides.

Graduates of these programs are working in a range of institutional and community programs in mental health and in related fields. They conduct group and individual counseling, recreation programs, behavior modification programs, psychological testing and counseling, intake work, aftercare, alcohol counseling, unit management, outreach and referral and community education and organization (i.e., they work with juvenile courts, mental retardation, education programs, mental health associations, public school counseling services, programs for the blind as well as in mental hospitals, mental health centers, and institutions for the mentally retarded). In Maryland, North Carolina and Daytona Beach they are involved in the field training of present students. None of the graduates has established a new training program, but efforts are underway to employ some of them on the teaching staffs of the colleges.

Those who have previously worked as psychiatric aides find their responsibilities, salaries and their work considerably expanded. Many are functioning as generalists in agencies that previously had operated only by discrete professional specialties.

A Mental Health Manpower Symposium was conducted to develop a rationale for the uses of this level of worker in the spectrum of mental health manpower. That symposium report, Roles and Functions for Mental Health Workers, is being extensively used for our utilization conferences and curriculum development conferences. Over 2,000 copies of Roles and Functions for Mental Health Workers have been distributed. Another 2,500 copies have been ordered. Reports of surveys and a major curriculum conference (January 1970) have also been distributed.

An effort has been made to contact all persons (especially in the South, but also throughout the nation) who are interested in or involved in this level of mental health worker. Surveys have been sent to all state agencies and to all community colleges in the South and any in the nation that it was reasonable to believe were working in this area. Consultation visits have been made to all the 17 colleges in the South and a dozen others that have expressed interest as well as to the interested state and local agencies. Staff have participated in national and regional mental health manpower conferences to explain the project. Presentations have been made at American Psychological Association meetings, American Psychiatric Association meetings, (2) Mental Health Association meetings, local NASW chapters, the Southeastern Association on Mental Deficiency and at the American Association of Junior Colleges. Articles have appeared about the project in the publications of some of these organizations. From two to six inquiries are received per week about the project or for materials developed by the project from somewhere in the nation.

Data collection has begun relevant to manpower utilization of the graduates, since most of them graduated only in June 1969. At a conference in April and May of 1970, 30 employed graduates from all over the nation were brought together and detailed data were gathered about their duties, roles, problems, etc. In general these graduates seem very enthusiastic about their work and roles although a few are frustrated in their positions. Further studies of manpower utilization are planned.

ASSOCIATE DEGREE IN MENTAL HEALTH TECHNOLOGY

Miss Louise M. Atty
Department of Mental Health Technology
Daytona Beach Junior College
Daytona Beach, Florida 32015
MH-11008 1967-1970

This two-year program is educating non-traditional mental health technicians to provide quality care to people with problems in living in a variety of settings but especially in agencies where a high degree of involvement of personnel is encouraged. The development of job skills lies in the direction of a variety of therapeutic group techniques, interviewing skills, supervising various social-interaction, recreational and activities groups, observation and communication skills, and working closely with other community-based rehabilitation agencies. The two years of study leads to an Associate of Science Degree.

Since August, 1967, there have been 40 trainees. Nine graduated in May 1969 and nine in May 1970. Currently, there are eleven students entering the sophomore year. To date, eleven out of the forty did not complete the program. The projected enrollment for the fourth class in August 1970 is 10-12. The characteristics of the trainees represents a varied background: age, 17-47; sex, 7 males, 33 females; educational background, 5 housewives and 1 war veteran with no previous college work, 3 recent high school graduates, 3 registered nurses, and the remainder were people already enrolled at Daytona Beach Junior College or who had from 1-3 years academic work in other colleges; work experience, 1 O. T. worker, several secretaries, dental hygienist, surgical technician, and housewives. While the majority of the trainees come from a 50-75 mile radius, there have been 4 out-of-state students thus far.

The clinical facility for the laboratory and practicum experience during the entire two years is The Guidance Center, Inc., one of the two facilities that comprise the Volusia County Community Mental Health Center. Other selected agencies have been utilized for summer practicum placement: The Hahnemann Community Mental Health Center in Pennsylvania, Brevard Community Mental Health Center, and Panama City Community Mental Health Center in Florida, Volusia County Juvenile Court System, and School for Retarded Children in Daytona Beach.

The curriculum is a balance of general education and special mental health courses: the General Education courses (35 cr. hrs.) consist of English, Speech, Arts and Crafts, Philosophy, Psychology, Anthropology, Humanities, and First Aid. The 12 credits of didactic mental health courses, transferable to Florida Technical University for those selecting to major in Psychology, emphasize social-interpersonal theory, Communication Theory, Group Dynamics, Behavior Modification. The student receives 1180 contact hours (28 cr. hrs.) of supervised client-centered practice throughout the two years. The Mental Health curriculum emphasis is on health-potential rather than pathology. Therefore, didactic learning is accomplished through growth and encounter group experiences - the students explore their own world in order to assist the problem person to take responsibility to explore and enhance his own life style. A syllabus developed by faculty along with suggested bibliography, encounter tapes, applicable audiovisual materials, and seminars with community agency leaders, are included in the teaching methods.

The program is designed to educate generalists in the mental health field, primarily as group workers in social and community-action oriented agencies. Their intensive experiential learning prepares them for potential utilization in a variety of rehabilitative services and specialized areas as, teacher-assistants in public school classrooms for distrubed children, juvenile court, group workers in convalescent and retirement homes, house-parents in half-way houses, clinical assistants in Junior College Mental Health Technology programs.

In December 1969, two and one-half years after the project became operational, the classification of "Mental Health Technician" was established by the Florida State Division of Mental Health, which authorized the Florida Community Mental Health Centers to employ the technician at a salary range of $5846-$8100. The Division is proposing a pilot project in collaboration with Hollywood State Hospital to employ 10 mental health technicians to explore their impact in the State Hospital System. The Department of Health and Rehabilitative Services has stated their intention to re-evaluate their personnel policies with the hope of utilizing this new worker in all rehabilitative agencies. Locally, the Volusia County Board of Public Instruction, Department of School Psychologists, has submitted a pilot proposal to employ 2 mental health technicians to work in the 3 public school special classrooms for children with behavior problems.

Since the inception of this program, staff has provided detailed information to well over 100 colleges and technical schools regarding development, curriculum, educational philosophy and process, clinical training, progress and problems. This has been done through correspondence, as well as consultation visits by many potential program directors. Further correspondence with these programs, now underway, seems to validate that this program has served as a model in development of some of these newer programs. Informative materials, including unpublished papers, and papers prepared for professional meetings, both by project director and students who participated in panel discussions, were prepared especially for such dissemination.

Graduates have been employed in various settings: community mental health centers, day care centers, a treatment program for disturbed children, Project Headstart,schools for retarded children, and a rehabilitation center for the blind, a residential treatment camp for disturbed children, and one as a counselor in an employment agency.

An evaluation process was designed to determine whether the educational process would influence the attitudes and personality traits of the students through personal growth and self-awareness. The general hypothesis of the study was that the students would become more open-minded, more accurate in their preceptions of themselves and others, and more accepting of themselves and others. According to the data collected, there is evidence to indicate that the desired changes did take place and were a result of the educational environment. Since the majority of our graduates, to date, have been employed in non-traditional mental health and rehabilitative agencies, it can be presumed that the training process is valid to their effective functioning in the employing agencies previously mentioned.

The Daytona Beach Junior College plans to continue with this curriculum after the termination of the NIMH Grant.

MENTAL HEALTH TECHNICIAN PROGRAM

Dr. Martin L. Krauss
Sinclair Community College
Dayton, Ohio 45402
MH-11176 1968-1970

This two-year program leads to an Associate in Science degree and offers a curriculum stressing continuous experiential training to develop a middle-level "generalist" in mental health work. Training favors sensitivity techniques in developing confidence, leadership and insight. Emphasis is upon social-cultural aspects of mental health problems, the value of humanistic, reality-grounded relationships with patients, the creation of remotivating and therapeutic climates and basic casework principles as working concepts preparing the technician for adaptability within a wide range of settings.

Candidacy requires high school graduation or equivalence and acceptance by Sinclair Community College and by a special screening committee. The program opened in September 1967. Twenty-eight candidates were graduated in August 1969, seventeen will graduate by September 1970, and approximately thirty-five students are now completing first year work.

Curriculum includes traditional course material with courses and field placements specific to skills in mental health work. First year courses are academic in structure and offered on campus while second year courses are clinical and taught in facilities at Dayton State Hospital. The Ohio Division of Mental Hygiene provides its facilities, employment of practicum supervisors, monthly stipends for second year students, and numerous grants. Based in State facilities, an instructional model has developed which progresses from the classroom to structured laboratories to actual performance of patient services, with continous feedback from program-identified instructor-supervisors. Major field work is provided through twenty-hour per week practicum courses each quarter of the second year. While based at Dayton State Hospital, each student spends one quarter at Dayton Children's Psychiatric Hospital. Students, under their supervisors, are integrated into unit teams and gradually assume major responsibility for activities programs, remotivation and behavior modification projects, individual relationship contacts and low intensity groups, intake interviews, follow-up and reporting. Concurrent with the longitudinal practicum plan, students have short-term (8 hours per week) placements on a quarter basis in community agencies such as mental health centers, retardation programs and rehabilitation centers.

Reappraisal of instructional content and techniques is ongoing as dictated by functional roles demanded of graduates and desired in training areas. Currently, the technician is seen as a patient-centered "generalist" who must be prepared for task performance crossing disciplinary boundaries. Employment possibilities are excellent in institutions of the State of Ohio and are considered good in agencies not locked into traditional disciplinary organization.

The small number of graduates to date (28) and the recency (September 1969) of entry into the field allows only speculation about long-range impact of the program upon mental health settings. However, their presence on the scene is felt and seems secure. The Ohio Division of Mental Hygiene has offered positions to those of its institutions interested in employing technicians. State-wide interest has been encouraging. While not having as yet created a position classification (technicians are employed as "Administrative Specialists"), job descriptions and the establishment of a salary base are significant in recognition of the technician in Ohio. Community service agencies as well have expressed interest beyond the number of technicians now available. Speculation and concern within some agencies and disciplines over functional roles continues, but in general the legitimacy of a two-year level worker has been accepted. Since the start of this

project, two similar programs have been instituted in Ohio.

The State of Ohio has employed twenty-four technicians in five institutions. Four have gone singly to separate installations (two at children's psychiatric hospitals, one each at a state hospital and an institute for retardates). Four have been employed at a comprehensive community mental health center. Twenty remained at Dayton State Hospital, where they are organized into a Mental Health Technician Department with a graduate as Director and position equivalent to existing line departments. Technicians in three of the isolated settings have been attached to Social Service Departments with task assignmets similar to the four-year social workers. However, they appear to perceive themselves primarily as patient-oriented and are involved in many other ward activities as well.

The fourth technician in isolated employment acts as a ward-centered counselor for hospitalized, pre-adolescent boys. In the community mental health center, technicians work in all services and are responsible to service directors. Each acts as case manager, performs intake services, and leads reality-oriented and activity groups. One also provides coverage in the unit's emergency service as well.

Institutionalizing twenty technicians into a department seems important for identity establishment and role definition. A technician is the associate department head and also supervises students. Roles vary, but technicians have professional standing in each unit and perform services similar to those above for individuals and for the units as therapeutic communities in consultation with specialists on the unit team. Technicians have served as unit chairmen.

Conflicts concerning roles have arisen with this departmentalization, often involving over-specificity of task pursuit by professionals. At times the purpose and value of the task seems obscured by its own perpetuation. The emergence of a two-year "generalist" might provoke research not only in treatment modalities but manpower as well. At least from tentative local observations the establishment of the technician role should accompany re-appraisal of the mental health service and re-evaluation of current professional roles.

Overall, this program appears secure. Employment potential is good and feedback is favorable. It is accepted as a continuing commitment by Sinclair Community College and has good support by the State of Ohio, including approval for funding under the Division of Adult Education.

HELPING SERVICE TRAINING PROGRAM - MENTAL HEALTH OPTION

Dr. James Dugger
Metropolitan State College
250 West 14th Avenue
Denver, Col. 80204
MH-11202 1968-1971

Metropolitan State College, Denver, Colorado, initiated a two-year Associate of Applied Science degree program to train Mental Health Workers in the Fall of 1967. NIMH support for the training aspects of the program began in January 1968 and continues through June 1971. At that time, it is expected that the State of Colorado will assume full responsibility for the program, and hopefully will assume partial responsibility for the program earlier than that date.

The development and implementation of this program is an example of a cooperative venture involving the college and a number of public and private agencies. When the program was initiated, only a few agencies and institutions were involved. At the present time, the list of agencies includes: Bethesda Hospital, Denver; Colorado Youth Center, Denver; Denver General Hospital, Denver; Denver Head Start Program, Denver; Federal Youth Center, Englewood; Fort Logan Mental Health Center, Denver; Golden Gate Youth Camp, Golden; Laradon Hall, Denver; Lookout Mountain School for Boys, Golden; Mount Airy Hospital, Denver; Mount View Girls' School, Morrison; State Home and Training School, Wheatridge; Veterans Administration Hospital, Denver; West Side Action Center, Denver.

Other public and private agencies have also expressed an interest in the program and will be participating actively in the future.

The curriculum that has been developed emphasizes the need for fulfilling the general academic requirements for the Associate of Applied Science degree, as well as the special emphasis needed for Mental Health Worker training. The latter includes substantial amounts of course work in Anatomy and Physiology, Psychology, and Sociology. In addition to these, there are specialized courses designed to give the

student a broad overview of the nature of helping people with personal problems in a variety of kinds of agencies.

In this course sequence, students are given a gradually increasing exposure to agencies, their clients, and the professional staff that provides services within these agencies. As this exposure increases in intensity and duration throughout the program, it narrows in focus. That is, early in the program the students will have an introduction to the functions of many agencies. Later, each student will begin to concentrate on a smaller number of agencies having direct contact with their clients and professional staff. Finally, he will have an extensive field work placement over a period of months providing him with the necessary knowledge and orientation to become a full-time employee in a helping agency. Through this kind of exposure the student may discover where his talents will best be utilized.

The exposure and selection process built into the program is aimed at helping students to make the best possible selection of the specific area in which they will work, as well as aiding the agencies in selecting the best potential workers for their particular type of agency. Just as the agencies and the college have collaborated in the development of the training program, they are also collaborating in the development of a role description for the new professional. Now that the first graduates are in the field, all institutions involved are working diligently to describe the general characteristics of the Mental Health Worker that are common to all institutions and special characteristics which are specific to a particular institution. Hopefully, this process will result in a uniform development of job specifications and salaries across all institutions.

As a part of the research design, the staff at the college will be looking very closely at the development of various roles for the Mental Health Worker. A behavioral analysis of performance in a practicum setting, as well as after graduation, will result in an accumulation of data which will itself describe the role of the Mental Health Worker. Such behavior analysis is only a part of the research project. The staff also is involved in examining the differential effects of the training program on students with a variety of characteristics. Finally, an attempt will be made to ascertain which aspects of the curriculum are most important and influential in the training of the Mental Health Worker.

The staff is diligently involved in such areas as student selection and evaluation, critique of classroom and curriculum process, supervision of field placement experience, and development of new institutional relationships. Relatively novel classroom processes are being attempted, as well as more traditional approaches to teaching. It is the philosophy of the staff to emphasize success rather than failure. To this end, students are directed to continue working in a specific area until they reach a sufficient level of proficiency to move on to another area. In this fashion, no student fails out of the program but, on occasion, self-selects himself out of the program because of non-interest or non-involvement.

Such approaches are subject to discussion or criticism by the administration of the college as well as by an Advisory Board, all of whom seek to aid in the continuing improvement of the program. In particular, the Advisory Board, which is made up of representatives from various institutions, agencies and professions in the community, has served as a sounding board against which the staff may play its ideas, as well as a mode of communication between the community and the program. This model of cooperative community-agency development of a program holds a great deal of promise. The principal advantage is the potential for developing a program which is both educationally sound and meets the community and agency needs for the development of people with the skills needed by the community. Finally, it provides the educational institution with a constant feedback about community needs as well as an opportunity for experience-based learning through student practice in an agency during the course of training.

TRAINING OF PREPROFESSIONAL MENTAL HEALTH WORKERS

Mr. William C. Sippel
Community College of Philadelphia
Department of Nursing
35 S. 11th Street
Philadelphia, Pa. 19107
MH-11685 1969-1971

In September 1968 Community College of Philadelphia introduced a two-year curriculum in Mental Health Work leading to an A.A.S. (Associate in Applied Science) degree. The primary objective of this program is to train middle-level mental

health workers who will constitute a new source of manpower for the developing mental health services in metropolitan Philadelphia. In addition to producing graduates who will be able to provide a wide range of valuable services in mental health settings, the curriculum provides a sound academic foundation for those students who wish to continue their education beyond the associate degree level.

Fifty-seven students enrolled in the program on a full-time basis in September 1968. Of this number 34 progressed to the second year in September 1969 and, of this number, 27 graduated on schedule in May 1970. Six members of this first class will graduate at some future time. Attrition was high during the first year of the program due to students' uncertainty about the field of mental health, changes in career plans, some academic failure and a variety of personal reasons. Fifty-one full-time freshmen were enrolled in September 1969. Of this group, 41 were still enrolled in May 1970. Fifty-five part-time students, including 35 State-employed psychiatric aides, have been enrolled in the program during the 1969-70 academic year.

The full-time enrollment is comprised of recent high school graduates - young people under 20 years of age. However, the age range goes into the 50's. Part-time students are considerably older, on average, than full-time students. Approximately one-third of full-time students are "disadvantaged" and in receipt of financial aid from various sources. During 1969-70, 23 students received training stipends from the National Institute of Mental Health.

The following organizations have cooperated with the College by providing field work placements for our students during the first two years of the program: The Devereux Foundation, Eastern Pennsylvania Psychiatric Institute, Hahnemann Community Mental Health Center, Horizon House (mental health and rehabilitation services), Jefferson Community Mental Health Center, The Lafayette School (for exceptional children), The Matthews School (for children with learning difficulties), Mental Health Advocacy Association, Northwestern Mental Health Center, Pennsylvania Hospital Community Mental Health Center, Philadelphia Association for Retarded Children, Philadelphia Geriatric Center, Philadelphia Psychiatric Center, Philadelphia State Hospital, School District of Philadelphia (Division of Special Education), Spruce House (a halfway house), Uptown Home for the Aged, Town Court Nursing Center, Veterans Administration Hospital, West Philadelphia Community Mental Health Consortium.

Representatives of these organizations provide consultation and counsel to the College through a formal Advisory Committee and other channels of communication.

The first year general education courses are designed to develop communication skills and to instill an attitude of open-minded inquiry into all phases of human behavior and interaction. In the second year students take elective courses in order to acquire more detailed knowledge of human growth and development, normal and abnormal adjustment, and special problems facing individuals, groups and society.

Specialized mental health work courses are designed to accomplish a number of general objectives: 1. Provide students with the necessary knowledge of the field of mental health/mental retardation. 2. Help students to apply the knowledge of the social and behavioral sciences to the understanding of people and situations, and to the provision of a helping service. 3. Help students develop skill in the following areas: verbal and non-verbal communication, interpersonal relationships, observation, report writing and record keeping, interviewing, group membership and leadership, and the therapeutic use of self.

In designing the curriculum it was recognized that early and continued student confrontation with the problems of mental illness and mental retardation would be an important dynamic in the learning process. During the fall and spring semesters of each year students spend a minimum of six hours per week in a mental health facility; between the first and second year they are assigned on a full-time basis to a mental health facility for seven weeks.

The College hopes to demonstrate that a two-year college-based program such as this can produce a mental health "generalist" who will have a broad base of general education and specialized knowledge of the field of mental health as well as a repertoire of skills which can be put to use in the wide range of mental health services existing in a large metropolitan area. About one-third of the student group is disadvantaged economically and/or academically. With appropriate supportive services, it is hoped that this program will enable such students to begin a career in the helping professions.

The introduction of the associate degree

mental health worker has already had some impact on local mental health facilities. Particularly in the developing community mental health centers, available manpower now ranges from the indigenous worker through an educational continuum to the traditional professional. The appearance of the middle-level worker has provided an impetus for career advancement for the nonprofessional in the community mental health centers and in State institutions. For example, 35 psychiatric aides who are currently employed at the Eastern Pennsylvania Psychiatric Institute are enrolled in the program on a part-time basis.

In September 1969, Hahnemann College of Allied Health Sciences, Philadelphia, introduced a bachelor's degree program in Mental Health Technology. Approximately one-third of Community College's first graduating class of mental health workers has transferred directly into Hahnemann's bachelor's degree program. A number of additional graduates intend to go on for a bachelor's degree after a year or two of experience as mental health workers.

The majority of the first class which graduated in May 1970 has taken jobs in community mental health centers in the City of Philadelphia. Eight of the ten operating centers have employed graduates. In all centers the job title is "Mental Health Worker". Specific job assignments include group work in day hospital, behavior modification in a program for children with learning difficulties, community worker in after-care, interviewer in emergency service, etc. Other graduates are employed as counselors in institutions for disturbed children, in an employment agency and in a rehabilitation agency.

Local, regional and national interest in the program has been high. Information has been mailed, on request, to colleges, mental health associations and mental health agencies throughout the United States.

Community College of Philadelphia intends to continue to offer the Mental Health Work Curriculum after the termination of its funding by NIMH as a pilot project.

MENTAL HEALTH TECHNICIANS

Dr. Jeannette Redford
Jefferson State Junior College
Department of Mental Health Technicians
2601 Carson Road
Birmingham, Alabama 35215
MH-11707 1969-1972

This Mental Health Technician Program has six basic goals and objectives for its trainees. It is intended that they will (1) acquire skills and knowledge necessary to perform job responsibilities; (2) become aware of personal values and respect rights and privileges of each individual citizen; (3) become familiar with the mental health movement, organization and functions of various agencies and institutions, and roles of various mental health professionals; (4) develop an appreciation for learning and acquire a sound foundation for continuous education; (5) become familiar with various sociological characteristics of population and encourage enrollment of students in program from all socioeconomic groups; and (6) acquire understanding and skills in interpersonal relationships in every aspect of life.

An advisory committee began development of the MHT curriculum in 1966. Members of the advisory committee were representatives from various mental health agencies at both the local and state level. Students were first admitted into the program in September 1967. Three students graduated in the summer 1969, four in June 1970, and six in August 1970. There are twenty-two additional students at the first year level of course work. The students of the MHT program generally fall within five categories: (1) recent high school graduates, (2) minority and disadvantaged groups, (3) middle-aged women, (4) ex-military personnel, and (5) individuals seeking to up-grade their training. Three basic characteristics which best describe the student population are: (1) their ages range from eighteen to early fifties, (2) there are approximately 15 percent male students and 85 percent female students, and (3) there are approximately 30 percent black students and 70 percent white students.

The MHT curriculum is divided approximately equally between general education courses with special emphasis on the social sciences and MHT courses. The program is seven quarters in length with the students spending one of these quarters fulltime in a clinical agency. The program also provides the students with several MHT electives the second year so that each student can give special emphasis to his particular interests and abilities.

The MHT curriculum involves both classroom instruction and clinical experiences in various mental health agencies. The field experiences are planned in the following agencies: Hill Crest Hospital (private

psychiatric hospital), Mental Health Clinic, Juvenile Court, Parent Child Center, Social Club, Girls' Training Industrial School, Learning Disorder Center, elementary schools, Bryce Hospital (State Mental Hospital), VA Hospital (Tuscaloosa) and Partlow (State institution for mentally retarded). Each student has clinical experience in at least four or five of the agencies before completion of the program. The field experience starts the third quarter and continues each quarter through the remaining program. Several other agencies have expressed interest and willingness to cooperate and shall be utilized as the need occurs due to increase of student enrollment. Supervision of clinical experiences is provided by the agencies with the college faculty responsible for planning and coordination of all educational experiences.

The role model for the MHT graduate is still difficult to define due to the newness of this level of training and since the trainee is educated to work with all the various mental health professions. For this reason, the potential employment opportunities are not as numerous as are expected in the next year or so. However, Alabama has a state job description for the Mental Health Technician which has proven beneficial as well as indicating the interest and support provided by the State.

The MHT program is unique in that its selection criteria encourage enrollment of students from various backgrounds and yet it attempts to provide equal opportunity for each student to be successful in the program. From reviewing the previous educational training of the MHT students, it would appear many would not have been considered good college risks. In fact in the case of several, the students were told not to consider college. These students are doing at least average and often better in both their general education and MHT courses. This success seems to be due to the approach used in the MHT program and suggests a trend within the program. The program is also unique in that it provides sufficient course work for a MHT generalist but provides additional electives for students to specialize to some degree according to interests and abilities.

The MHT program has had reasonable influence in the local community and the state. Many local agencies are making plans to employ the graduates and some of the professionals have expressed interest in researching various aspects of the program as it might influence their agencies. Since clinical supervision is provided by the agencies, the community has become extremely interested and involved in the development and success of the program. The MHT faculty has served as consultants to newer programs and colleges interested in beginning programs, has held in-service workshops for various local and state agencies and is planning more similar services.

One of the graduates now works at a VA hospital with the following main responsibilities: teaches aides basic principles of behavior modification, assists in group therapy, plans programs for closed wards, orients special groups to the psychology department, speaks to various civic organizations, and coordinates training for MHT students who go to Bryce for clinical experience. Another graduate works on the psychiatric ward in a hospital with the following basic responsibilities: observes patients' behavior, attitudes and changes and reports to supervisor, supervises recreational activities, orients patients and families to unit rules, attends team conferences, participates in in-service programs and leads group discussions when requested. The other graduate is now completing course work toward a B.S. degree. The current graduates are considering jobs with various agencies but lack of specific job descriptions for the agency and sufficient funds in the budget may cause a delay for some graduates in seeking job placement. Due to the limited number of graduates at this time, it is difficult to identify a trend in job responsibilities.

Information concerning the program is sent upon request. Consultant visits, in-service training and speeches are provided by the entire MHT faculty as often as time allows. It is felt this is a special service the program can provide for many of the newer programs or interested college personnel.

The college has always provided financial support for the program along with the NIMH grant. The college shall continue to provide necessary funds for the program but may be somewhat limited in funds for expansion. Efforts shall be made to gain additional local, state and federal funds in the future to allow for expansion and implementation of new ideas in educational training.

COMMUNITY MENTAL HEALTH TECHNICIAN CURRICULUM

Mr. Bernard F. Prescott
Greenfield Community College
125 Federal Street
Greenfield, Mass. 01301
***MH-11933 1969-1973

This is a two-year program for the training of mental health technicians. The program has three components: (1) approximately one-third is general education but includes basic courses in psychology, sociology and biology; (2) approximately one-third in didactic courses related to mental health and (3) one-third in practicums, a summer work experience, and a 20-hour per week internship for one semester. The training objective is to provide a preprofessional mental health technician with an A.S. degree in Mental Health Technology. His primary tool is communication. His education enables him to: (a) fill vacancies at a preprofessional level in many mental health agencies awaiting the professionals who are not available; (b) fit into many niches as an extension of any mental health profession (psychology, social work, nursing, rehabilitation and community work) with minimal on-the-job specialized training; (c) function as group leader, supportive element between therapist and client or patient, follow-up liaison between patient, family and community resources, emergency evaluation, intake worker. The students are drawn from a variety of segments of the community including housewives, the elderly and the underpriveleged.

MANPOWER - COMMUNITY COLLEGES - THE MENTAL HEALTH WORKER

Mr. Richard Martinez
Western Interstate Commission for Higher Education
University East Campus, 30th Street
Boulder, Colo. 80302
**MH-12151 1970-1973

This project will assist WICHE in stimulating training programs in two and four year institutions in its 13 state (Western) area to increase manpower for mental health and related areas.

The basic emphases are: (1) to provide personnel who will serve in rural areas (although the program is not restricted to rural needs), (2) to focus in on two-year training (although not limited to this dimension), and (3) to recruit actively among Spanish-American and Indian groups and also those who do not have high school diplomas.

The procedure to be followed are: (1) by questionnaire to determine in some depth what is now going on in the WICHE area; (2) to sponsor a regional workshop at which there will be a sort of "hard sell" of the need, prospects, etc.; (3) to conduct state-by-state workshops which will be a follow-up of the regional workshop; (4) to stimulate the sharing of experiences among institutions and states of processes and procedures, and materials relevant to manpower training for mental health workers.

The regional workshop will enroll 80-100 persons, about one-third primarily from community colleges, one-third state mental health personnel, and one-third state representative, primarily employing officers, etc. At this workshop the "state of the art" as revealed by questionnaires will be reviewed, experiences shared, etc. Consultants will be used.

State workshops will follow and be spread out over a two-year period.

Section 2. MENTAL HEALTH WORKERS (NON-ACADEMIC)

TRAINING PROGRAM FOR CHILD DEVELOPMENT COUNSELORS

Dr. Reginald S. Lourie
Department of Psychiatry
Children's Hospital
2125 - 13th Street, N.W.
Washington, D.C. 20009
***MH-8322 1963-1967

This program explored, developed, and evaluated a program for recruiting, selecting, training, and utilizing mature, married women, who have had the experience of bringing up their own children, as child development counselors in child health centers and related settings in the District of Columbia. The training program consisted of didactic lectures and discussions, case seminars, observation and participation in nursery schools, and supervised practicum in well-baby clinics.

USE OF NON-PROFESSIONALS IN MENTAL HEALTH WORK

Dr. Arthur H. Brayfield
American Psychological Association
1200 Seventeenth Street, N.W.
Washington, D.C. 20036
***MH-9525 1966-1967

This project, under the joint sponsorship of the American Psychological Association and the National Association of Social Workers, convened two related conferences on the use of non-professional workers in mental health. Phase One consisted of presentations on and discussions about various programs which are presently training and/or utilizing non-professional mental health workers. Resulting from Phase One were summaries on active programs, working papers, and a systematization of current experiences and issues which served as the focus for Phase Two. The Phase Two conference dealt with policy implications in training and manpower development, and resulted in a major document on these vital issues, a book entitled Nonprofessionals in The Human Services, edited by Grosser, Henry, and Kelly.

TRAINING PROGRAM FOR COMMUNITY MENTAL HEALTH AIDES

Dr. Harris B. Peck
Lincoln Hospital Mental Health Services
333 Southern Blvd.
Bronx, N.Y. 10454
***MH-10510 1966-1969

This project trained indigenous nonprofessionals as "community mental health aides" for placement in a variety of facilities integrated into a community mental health program. The program aims to extend and enrich the training of presently employed mental health aides, to supplement the training of professional and subprofessional supervisory personnel of such workers, and to develop and refine texts, audio-visual, and other teaching materials. The long-range goals of the project were to (1) develop new mental health manpower, (2) improve the effectiveness of mental health services in disadvantaged urban areas, and (3) provide new jobs and careers for residents of low-income communities.

TRAINING MATURE WOMEN AS MENTAL HEALTH REHABILITATION WORKERS

Dr. Ida F. Davidoff
Albert Einstein College of Medicine
Bronx Municipal Hospital Center
Pelham Parkway and Eastchester Road
Bronx, N.Y. 10461
MH-10538 1966-1969

Since 1964 the Department of Psychiatry of the Albert Einstein College of Medicine has offered a program to train mature women to offer chronically socially disabled psychiatric patients help with daily living problems and on-going therapeutic relationships. From 1966 to 1969 the National Institute of Mental Health funded the program with the goals of: 1) demonstrating the feasibility of training a new type of mental health worker who would identify and nurture the strengths of emotionally disturbed patients, and help them attain and maintain their optimal social adjustment; 2) developing criteria and a method of selecting trainees; 3) developing a curriculum geared specifically to the objectives of the program; 4) assessing special problems associated with the creation of these non-traditionally trained professionals; and 5) publicizing the program and assuring its continuation and adoption in other centers. Thirty-nine people have successfully graduated from the program.

Selection was limited to married women in the 35-55 year range, whose children were over six years of age, and who had a high school education or equivalent. The target population was the mature mother whose nurturing and problem-solving abilities were no longer as much in demand by her family. Additional personality requirements screened for were: sensitivity, warmth, flexibility, spontaneity, a lack of defensiveness, the ability to tolerate anger and frustration, and to avoid

exploitation of patients for inappropriate personal need.

The primary base for the training of the Mental Health Rehabilitation Workers has been centered at the 1200 bed Jacobi Hospital of the Bronx Municipal Hospital Center, with occasional clinical assignments at the Soundview-Throgs Neck Community Mental Health Center, Bronx State Hospital and Montefiore Hospital. The catchment area includes a wide variety of social, ethnic, and economic backgrounds, with patients who manifest a wide range of social and psychiatric pathology.

Eight trainees have been trained per academic year. In the first year the program ran three days a week for eight and a half months, but extended for the last two to four days a week. On satisfactory completion of training, a certificate in Mental Health Rehabilitation was awarded by the Department of Psychiatry.

The formal course of study included: Personality Development and Psychopathology; Methods of Treatment (interviewing, working with individuals, families, and with groups); Utilization of Community Resources; Family Process; Socio-Cultural Backgrounds on Ethnic Groups. All were illustrated with clinical demonstrations. Each trainee was assigned as a team member, to a clinical service, to gain experience in the rehabilitation of chronically mentally ill patients. Four areas were stressed: 1) social contacts and personal interest; 2) personal habits and management of problems of daily living; 3) work adjustment; and 4) living arrangements. A unique aspect of training has been for leadership of long-term supportive social groups of chronically mentally ill patients. This training consists of a pre-session discussion, meeting with the group of patients (first as observers, later as co-leaders), and a post-group session. These groups, in which 25 to 30 patients are enrolled, include social activities and a period of general discussion focused on the social handicaps of the patients. Patients in such groups develop the strength to relinquish long-standing crippling symptoms (phobias, social isolation, unemployment). Since this training gives the workers an exceptionally useful tool, on their jobs they have set up similar groups or expanded the effectiveness of existing group programs.

Each member of the training faculty has been responsible for his own method and materials. Textbooks have been used minimally. Case material is used frequently. Observation of family therapy through the one-way screen is also utilized. Attendance at various staff conferences, team meetings, special visiting lectures continue throughout the year.

The role of the trainees most closely resembles that of the social worker, with special emphasis on the therapeutic group. The first group of trainees encountered scepticism and resistance from some sources but each year this has diminished until now when they are being actively sought out. Every graduate of the program who wanted to work or to continue her training has been able to do so. Twenty-five are currently employed in various facilities of the Albert Einstein College of Medicine where they are considered "indispensable"; they are skillfully rendering vital services which could otherwise not be provided to geriatric patients, to Emergency Room patients and to those discharged from psychiatric wards, and to the Mental Hygiene Clinic and community mental health center patients who without such help are barely able to maintain themselves in the community. Four are working as social work assistants or psychiatric rehabilitation workers in other hospitals. Two are doing the major social service in nursing homes which would otherwise have no such help.

This project has proven that after one year of intensive training a valuable source of womanpower can be utilized for working with chronically mentally ill patients with fragile egos who need precisely the abilities the mature women can no longer utilize so constructively at home. This type of training program, which should not be limited only to psychiatric patients, could be developed for other medical services and social agencies. For example, Pediatrics In-Patient and Out-Patient Services could use the valuable services of mature trained women to work in supportive relationships with young, inadequate or insecure parents. A great deal of interest has been evidenced by other services in this and other hospitals in modifying the program for their own needs.

Requests for information and interest in adopting certain of the elements of the project have been received from every part of the United States, from England, Israel and El Salvador. The Paul Baerwald School of Social Work of the Hebrew University is about to set up a training program patterned directly on this project. A pioneer psychiatrist in San Salvador, El Salvador, will staff a community mental health center with mental health workers trained similarly. Staff has been asked to accept a limited number of career ladder mental health aides from a mental hospital for the training program following the successful placement of three graduates as ward administrators in the hospital.

The codirectors have discussed the program at various professional meetings (e.g., workshop at American Orthopsychiatric Association). An article published in the Community Mental Health Journal resulted in numerous letters of inquiry.

COMMUNITY MENTAL HEALTH EXPEDITER PROJECT

Dr. Harry J. Wahler
Department of Institutions
Division of Research
Box 94008
Fort Steilacoom, Washington 98494
MH-11382 1969-1972

The Community Mental Health Expediter Project has four main objectives: 1) To define roles for nonprofessional community Expediters working in the context of conventional mental health facilities or in conjunction with mental health staff in agencies, such as the Department of Public Assistance and Public Schools. 2) To develop a curriculum and methods for training and supervising Expediters that can be utilized by agency professionals without reliance on formal college training. 3) To explore the use of selected former patients as Expediters. 4) To evaluate the utility of Expediter services to clients and agencies.

Since the inception of the project in July 1969, two groups of trainees have entered the nine-month program, three in November 1969 and seven in May 1970. The first training group will graduate in August 1970.

In each group, trainees were selected on the basis of their potential for continuing in mental health work, interest in people, ability to relate to others and apparent interest in helping roles. Trainees must be able to read and write at not less than a tenth grade level but the amount of formal education was not a basis for selection.

The nine-month training process is basically divided into three, three-month segments. The first three months are spent at the Research Center on the grounds of a state hospital. Here, trainees develop interviewing and human relations skills through practice interviews and group sessions with staff and patients. Common types of human problems and sources of assistance are illustrated and discussed. Video tapes and recorded interviews are used throughout this phase of training. Further, trainees begin developing a thorough working knowledge of all human service agencies and resources in the community. Trainees visit agencies, meet staff, learn the scope of services and how to obtain them, and become acquainted with methods for linking clients with services. Trainees are also assigned projects that enhance their skills in seeking information about services for special problems. As a general reference source, trainees use a comprehensive resources manual developed by project staff.

The second three months of the training period are spent in on-the-job training at the state hospital. Here, trainees assist professional staff in making and implementing release plans for patients ready to be discharged. During this phase trainees begin putting into practice the human relations skills and agency expertise gained in the first three months. They also gain experience in keeping careful records, observing patients and communicating with professional staff. The final three months of training are spent at one of the comprehensive community mental health facilities or in a setting of special interest to the trainee, such as a public school. During the final phase, trainees provide outreach and follow-up services as well as implementing referrals to other agencies. All field work is supervised by the agency staff in conjunction with program staff.

After graduation, potential employment possibilities include a wide range of agencies such as the state hospital, Community Mental Health Clinic, and mental health programs in local general hospitals, public assistance, juvenile parole services, the public schools, public health nursing and child guidance clinics.

This program is somewhat unusual from two standpoints: a) Considerable effort is devoted to acquainting trainees with a broad range of community resources and enabling them to develop information seeking skills of their own. b) A curriculum has been developed (and is being refined) which can be used in many settings for training nonprofessionals to be effective field workers and liaison people for client and community resources. Training is accomplished by means of on-the-job, practicum experiences that are addressed to practical needs. The training is particularly interesting to people who are not academically inclined and who are not intent on climbing a professional ladder.

Since the program is still very young, assessment of its impact would be premature. However, a few changes have been instigated in some agencies as a result of their contact with the project. A local community college is offering full nine months credit to trainees who complete Expediter training. Several mental health agencies which had not previously considered using paraprofessionals have shown a definite interest after exposure to the project. Several agency staff members

who had opportunities to work with trainees were very impressed with the extent to which they implemented their own effectiveness and improved services to clients. These staff people have become enthusiastic spokesmen for the idea of hiring nonprofessional Expediters. Two other organizations (Department of Public Assistance and a local community college) are using material developed by the Expediter staff in their new training programs. A professor from the University of Washington has contacted the project and discussions are in process regarding possibilities for collaboration in continuing education for social workers. The purpose would be enabling social workers to gain a better understanding of how they might work effectively with nonprofessionals. In addition, some preliminary explorations are currently underway on pooling selected training materials and personnel to enhance training of paraprofessionals in a number of agencies.

Due to the fact that the first training group will not complete training for several months, actual job placements and performance cannot be assessed. However, it is noteworthy that one trainee has been involved in training volunteers especially in the area of community resources in a mental health clinic as part of her field work. It is reported that this has proven quite satisfactory.

During the "tooling up" phase of the project a number of training materials were developed including a comprehensive listing of services available in the area, as well as various readings, tapes, case histories, and agency orientation material. Extensive use has been made of audio and video tapes in interview and communications skill development. The emphasis throughout training has been "doing and discussing" rather than reading or academic work per se.

To date three presentations of the program have been given at professional gatherings: The first at Western State Hospital with representatives of all major agencies in Tacoma attending, the second at a Western Washington State College colloquium, and the third at the annual Department of Institutions and University of Washington Department of Psychiatry Joint Research Meeting. In addition, numerous presentations have been given at civic gatherings and interagency meetings. The presentations have prompted a number of visits to the project by various professional persons throughout the state.

Because of the relatively short time the project has been in operation and the limited data available, no formal analyses have been made. Nevertheless, viewpoints expressed by a variety of professionals have consistently emphasized the following points: Nonprofessionals who know the community resources well, who have the necessary interpersonal skills and who are able to operate in the field to facilitate resource utilization, and provide follow-up, feedback and crisis contacts are sorely needed in virtually every human service agency. Staff experience thus far strongly suggests that professional opposition (in this area at least) to hiring nonprofessionals for Expediter roles does not pose a serious constraint. Budgetary limitation appears to be the main obstacle to establishing Expediters as necessary members of treatment teams.

MODEL CAREER DEVELOPMENT PROGRAM FOR MENTAL HEALTH AIDES

Dr. Alexander S. Rogawski
University of Southern California
1934 Hospital Place
Los Angeles, California 90033
MH-11529 1969-1972

The objectives of this project are the development and the evaluation of a training program capable of teaching disadvantaged persons in a psychiatric setting the basic information and generic skills which will enhance their performance in jobs in various human services.

Program development began January, 1967. In November, 1969, the first complete and structured six months course was offered. The trainees are referred from federally funded poverty programs such as the Neighborhood Adult Participation Project (NAPP), the Concentrated Employment Project (CEP) and the Mexican-American Opportunity Foundation (MAOF). Most of them are women between the ages of 20 and 50 who come from economically and culturally deprived areas of Los Angeles. Entrance qualifications are such that potentially successful candidates are not screened out. On the average, enrollees have completed less than ten years of formal education, though they must be able to at least read and write.

The program is sponsored jointly by the Division of Social and Community Psychiatry, University of Southern California School of Medicine and the Central City Community Mental Health Center. Training takes place in the in-and out-patient facilities of the sponsoring agencies. Trainees participate also in basic education classes and after they have achieved the equivalent of a high school diploma, they are free to attend some basic courses in the Social Sciences at a neighboring Community College.

The training program consists of (a) observation and participation in clinical services under the supervision of professional staff, and (b) several series of didactic seminars by project staff and invited consultants. The didactic seminars includes instruction in personality development, elementary psychopathology, interviewing and case reporting, crisis intervention, group dynamics and group process, and community organization and community resources. All trainees participate in sensitivity training groups. They are also able to obtain counselling for personal problems.

Some trainees had employment assured with public agencies before entering the program. For other trainees, employment had to be procured through the efforts of the project staff. All graduates obtain permanent jobs at the end of their training period.

An attempt is being made to ascertain whether working with mental patients and emotionally disturbed people can reduce in our students prejudicial attitudes concerning aberrant behavior and thereby increase their effectiveness as community workers in a variety of human services.

Of 42 registrants a total of 25 trainees participated successfully in the training program. Upon completion of at least six months they were transferred to permanent job placements in a variety of public human services (welfare, probation; various sections of the Medical Center.) One graduate became the director of a sectarian youth agency, another was in charge of a geriatric program at a community mental health center, a third initiated an aide program at a privately funded children's hospital.

Forms were developed to follow-up the evaluation of the training efforts. The time has been too short to permit definitive conclusions.

Much valuable experience was gained by the staff in the first year of funding. What appeared a simple project at the beginning turned out to be a rather trying effort in its execution, fraught with unexpected complications. Administrators and even more so, mental health professionals welcomed the initial efforts. The performance of the trainees with patients drew many positive and endorsing comments. As the project progressed and it became necessary to secure jobs for those without previous commitments, bureaucratic barriers and professional resistance created serious obstacles. The uncertainty about the future affected the morale of the trainees. Absenteeism, lateness, and intragroup tensions became serious problems. Much staff time was deflected from the primary goals of teaching and had to be spent on efforts of mediation and trouble shooting as well as reassuring the students. Nevertheless, staff was successful in creating a number of new positions at the Medical Center in which the graduates perform valuable liaison services between the hospital and the community.

A survey of local job opportunities by the staff community organization specialist revealed that most private agencies are reluctant to introduce budget items for new careerists. Thus, at the time of this writing, virtually no jobs were available in the private sector. If acceptance is to be established for the new careers program, it will be necessary to stress employment of community workers in publically funded agencies which respond more readily to community demands. The community can work for innovative programs and for the utilization of people from disadvantaged and minority groups in public human services.

The low scale of compensation during the training period and in entry positions almost eliminated the participation of men in this program.

The accumulated experience of the first funded year is currently re-evaluated to furnish a more realistic basis for continued efforts. To reduce the rather high drop-out rate, entrance criteria will have to be carefully reappraised.

In order to facilitate the integration of new careerists into established facilities, employer agency and supervisorial staffs will have to be oriented in advance.

It is also contemplated to invite community representatives to participate in the assessment and in the modification of the training program.

The project staff has been participating in several regional and national conferences to exchange experience with other teams involved in the education of new careerists.

Staff, at a recent national meeting of the American Orthopsychiatric Association, initiated and conducted a workshop on resistance by agencies and professional groups to the introduction of new careerists. The workshop brought to light many apprehensions and resentments in professionals and nonprofessionals alike. It culminated in the passing of a resolution urging the executive council of the association to admit qualified New Careerists to its membership and invite New Careerists to all proceedings on matters concerning them.

TRAINING LEADERS IN COMMUNITY MENTAL HEALTH AND COMMUNITY DEVELOPMENT SKILLS

Mr. Leon D. Finney, Jr.
The Woodlawn Organization
1135 East 63rd Street
Chicago, Illinois 60637
**MH-11709 1970-1974

The Woodlawn Organization, in cooperation with the Woodlawn Mental Health Center, is training indigenous community leaders to provide direct services, to be available at all times for aiding individuals who are in need of immediate help, and primarily to be catalysts for increased community participation and concern.

One community leader is to be selected from each area to be served, to be trained in both community development and mental health skills. Thus, he or she will have a better understanding of the psychological problems of the people who live in the area, and of the community processes which are involved in communal participation of all citizens. In addition, the community leader will be trained to understand emotional crisis situations and to use his own capacity for relating to individuals one-to-one, and in groups to help people weather emotional crises.

The Community leader, as planned in this program, will be the primary crisis contact individual and the primary helping person. He will be trained to rapidly engage with those in need and to plan structured help giving situations such as group therapy. For example, small intimate groups will be fostered around common issues, such as problems with children, issues of aging, etc.

In order to meet these general goals, the community leader needs to develop skills in the following areas: (1) the development of a useful framework for identifying and understanding mental health problems, (2) the development of skills for helping others, both in crisis contexts with individuals and in effectively utilizing groups as therapeutic entities, (3) the need to develop skills for increasing and expanding himself to become an effective help-giving instrument. The boundaries of his own self-awareness, and his appreciation of his impact on others in his capcity of help-giver, and the expansion of empathy skills and observation skills are critical.

In order to develop these skills, trainees spend approximately 50% of their time during a six-month training period participating in a set of courses and practical experiences conducted by the staff of the Woodlawn Mental Health Center. The curriculum includes units on: (1) The Life Crisis Model; (2) Acute Crisis Reactions; (3) Mental Health Services; Traditional and New Mental Health Services and Clinical Responsibility and Commitment; (4) Important Related Social Services; and (5) Sensitivity Training.

The Woodlawn Organization provides training in the following areas: (1) Orientation to the total community, including the operation of block club meetings, tenant association meetings, welfare organization meetings, and other local and social civic gatherings; (2) Canvassing techniques; (3) Group process in community meetings; (4) Introduction to the target area; and (5) Development of the open committee (indigenous community groups).

The practicum training includes exposure to mentally ill individuals, community services, case material obtained from social clubs, practice in help-giving situations with real clients, and a variety of other experiences in the Woodlawn community itself, at the Woodlawn Mental Health Center, and at the state hospital.

Evaluation will focus on improved mental health of the community emanating from the activities of the personnel trained under this project; the improved mental health of the community will be assessed by means of a number of indices of social disorganization on a "before and after" basis with comparative data from other communities in which the program is not available.

PREVENTIVELY ORIENTED SCHOOL MENTAL HEALTH PROGRAMS

Dr. Emory L. Cowen
University of Rochester
Department of Psychology
Rochester, N.Y. 14627
MH-11820 1969-1973

This program trains school mental health professionals to conduct school mental health programs in early detection and prevention of ineffective function. It also trains nonprofessionals to staff such programs.

In 1969-70, 14 school mental health professionals (psychologists and social workers) and 58 nonprofessional, "child-aides" have been trained.

Facilities used include: School districts of the City of Rochester, West Irondequoit, Rush-Henrietta and Fairport, New York and the Department of Psychology and Center for Community Study of the University of Rochester. The project is currently housed in 11 elementary schools in Rochester and

Monroe County. Project Headquarters and staff are located in the Center for Community Study.

Curricula, manuals, and reading lists, both for the professional and nonprofessional training programs, have been prepared. In brief, both types of training include "academic" and field components with the heavier weighting of the former for professionals and of the latter for nonprofessionals. Professional training and consultation to professionals have been provided during the entire year. For nonprofessionals, core-training was conducted during a two-month period but on-the-job training is continuous.

For the professional the role models being trained for include: early detection and prevention, recruitment and training of nonprofessionals, consultative, supervisory and resource functions and social system analysis and modification. For the nonprofessional, the role model is that of a child-aide, who renders direct service to primary grade children experiencing school maladaptation.

The uniqueness of this project derives from its reconceptualization and delivery of school mental health services, emphasizing early detection and prevention of dysfunction, new roles for professionals and new uses of non-professionals. This model expands geometrically the impact of helping services and brings assistance to children far sooner than normally possible, hopefully short-circuiting, thereby, the cumulative debilitating effects of dysfunction.

The present program per se started modestly more than a decade ago. The current project, emphasizing training components, system proliferation and evaluation, is still in its initial year.

Locally, four school districts including about 80,000 children have adopted the model in one or more of their schools, for a total of 11 project schools, 6,700 project children and 4,000 project primary graders. At least 10 other districts in the region are by now quite familiar with the project. A number of these are interested in its adoption, limited however by sharp constraints in educational budget these days. Staff has been in contact with, and reported to, two major community mental health centers in the area, serving a combined population of 3/4 million.

There have been at least six newspaper articles about the project and staff has made two TV appearances during the year to describe the project. A citizen's committee has been formed in support of the project, a parents group is forming and a private corporation is in the process of being created to assure its budgetary integrity.

At least 25 requests have been received during the year for copies of the training curriculum for professionals and an equal number for the lengthier training manual for nonprofessional "child-aides." These requests have come from federal and state agencies, school districts, mental health professionals and educators.

There are no current program graduates. Four of the senior aides who have each been with the project for 5 years have worked on aide-recruitment, aide-training and consultation with the 58 new aides. All 12 professionals have been intimately involved in training their own sub-groups of nonprofessionals. While there have clearly been important role shifts for professionals, as for example, their participation in training and consultation, it will not be possible to document these in detail until "time-and-motion" studies are completed later in the year. The new role of the aides will shortly become more documentable, operationally, as a result of process-interaction studies.

Three other professionals have received training on the project this year. These include: 1) a 4th year clinical psychology student who has accepted a position (joint academic and community mental health center) in which his major responsibility will be to create and implement school mental health programs and personnel utilizations similar to those of the Primary Project; 2) a second year post-doctorate in child clinical psychology at the University Medical Center who has accepted a medical school appointment; and 3) a 4th year resident in child psychiatry who has accepted a joint medical school-CMHC appointment. They expect to continue some school mental health consultation activities in their new positions.

Project staff members have given perhaps 20 talks on this work locally and nationally this year. This includes speaking at various federal and state agencies, university colloquia, school districts and community mental health centers. A number of research studies are in progress and an estimated 4-6 papers were to be finished in 1970. Interest in the project both from mental health and educational circles, has been very high. At least 300-400 reprints, copies of test instruments, and training manuals have been sent out since September 1969. There have been a variety of local and national visitors to the project, including psychiatrists, psychologists, social workers, educators, pediatricians, biostatisticians and students.

Financial support for the project currently comes from several sources, including the NIMH training grant, the participating school districts, the N.Y.S. Urban Education Program, and several local voluntary organizations (e.g., the Monroe County Youth Board, the Monroe County Society for Prevention of Cruelty to Children, the Wegman Foundation and several anonymous donors).

A private corporation is currently being chartered by the supporting citizen's committee to raise additional funds to assure project continuity.

The original plan for the project was to seek NIMH funds for its training and research aspects and for the participating school districts to bear its service costs. The sharp trimming of educational budgets in N.Y. State at the state and municipal levels has made it necessary to seek voluntary funds. Staff regards the problems of the long-term continuity of this project and its further implementation as among the most important currently faced.

TRAINING RESPONSIBLE ADULTS IN NEIGHBORHOODS

Mr. Fred Wolff
Willowbrook School District
1623 E. 118th Street
Los Angeles, California 90059
MH-12305 1970-1974

The objective of this program is to train indigenous persons from the community, operating out of their homes, to render adequate mental health services to their neighbors. The area where the project is being implemented is an urban community, whose population is 85% Negro and 10% Mexican-American, with high incidence of the typical problems experienced in this type of a setting. Present mental health facilities are unable to provide adequate direct services to meet the relatively high demand. This project is designed as an innovative training program, preparing mental health specialists to provide the type and quantity of services as are needed in this community.

Each year, for a period of three years, the program will train ten persons from the community in counseling techniques, group work, referral methods, etc. The first group is to be trained in 1970-71. They are selected on the basis of potential for forming meaningful relationships, positive warm personality, freedom from present destructive life patterns, a willingness to help others, and adequate communication skills. Education and/or previous experience at this type of work are not considered as relevant criteria.

Mental health agencies in the community have indicated their interest and willingness to participate in the training effort. Thus, much assistance and cooperation is anticipated from the L.A. County Department of Mental Health, as well as the staff at the new Martin Luther King Hospital, a County facility located close to the project site. The prime responsibility for the total program lies with the training supervisor, who will draw on cooperating agencies for specific contributions.

The training program represents a balance between field work, academic preparation, and group interaction of trainees. The academic materials will be developed in-house, and be interwoven with field-work experience. Outside specialists will participate through contributions of materials, lectures, and leading of group discussions. During the field-work, trainees will work with block groups, families and individuals. They will then share and analyze their experiences with the group, as well as relating them to the academic material presented in the program.

Upon completion of the training, they should be able to assist with relationship problems, and act as referral agents for patients who need hospitalization or whose treatment is beyond the expertise of the trained specialist. Assurance of future employment in the community in the role perceived in the project has been received.

The most unique aspect of this program is the role expected of the trainees, i.e., serving people in their neighborhood, and working from their homes. People in the community are often hesitant to go to a center or a clinic for assistance, unless they are in a crisis situation. It may be expected that they will use the services of someone in their community, only a few houses away. It is hoped that the mental health specialists will seek to promote an increasingly healthy emotional climate in their neighborhood, of benefit to many families who have never received this type of service before.

Section 3. COLLEGE PERSONNEL

IMPROVING MENTAL HEALTH SERVICES ON WESTERN CAMPUSES

Dr. James Banning
Western Interstate Commission for Higher Education
P.O. Drawer P
Boulder, Colo. 80302
**MH-12419 1970-1973

The goal of this project is the improvement of organization and delivery of mental health services on campuses in the Western United States. The program involves:

(1) the identification of a constituency consisting of

(a) campus mental health directors;
(b) top level university administrators;
(c) representatives of funding sources, particularly state legislators, and members of boards of regents;
(d) recipients of services, including students, faculty, staff, and dependents.

(2) the creation of eight task forces to deal substantively with eight major aspects of campus mental health service programs.

(3) the creation of a newsletter.

(4) the development of in-service training curricula for personnel currently employed in campus community mental-health related programs which will include the findings and recommendations of the various task forces.

(5) encouragement of curriculum expansion in mental health professional training programs to include education and training in the provision of mental health services in campus communities.

(6) the identification of a small number of campuses where demonstration programs might be developed designed to test the feasibility of the recommendations of the task forces.

The specific details of the project objectives are based on an analysis of a survey of western campus mental health programs conducted in early 1969.

Substantive areas to be dealt with by the task forces will include: 1. Mental Health Services (in various specific problem areas) and the Changing University Community; 2. In-Service Education and Training; 3. Mental Health Consultation on the Campus; 4. Epidemiology and Program Evaluation; 5. Preventive Intervention; 6. Mental Health Manpower; 7. Organization of Mental Health Services on the Rural Campus.

The preparation of curriculum materials will be a natural by-product of all task forces and will be coordinated and integrated by project staff. The project will become a resource to the entire constituency with particular reference to in-service education and training of professional staff and in assisting professional staff in their efforts to provide in-service education and training for other caretaking groups on the campus, such as houseparents and residence hall advisors.

Anticipated impacts of the proposed project would include practices which should ultimately result in: (1) programs for the maintenance as well as the restoration of emotional well being for all members of the university community; (2) programs which focus on prevention of emotional disorders; (3) programs which provide continuous service during periods of equilibrium as well as disequilibrium and during all phases of emotional disorder; (4) programs which are person-centered rather than illness-centered; (5) programs which provide services in sufficient amount so that all members of the university community can be served promptly; and (6) programs which emphasize quality as well as quantity of service.

In concrete terms, such program development may result in the establishment of consultative services, of crisis and emergency services, of preventive intervention programs, of health aide or other programs which make innovative use of students in the provision of services, of improved residence advisor programs, of mental health education programs, of improved dissemination of information to members of the university community regarding the availability of services and the means by which such services can be obtained, and of programs which stress the integration of the university community with the surrounding town community by better integration of services and by increased involvement of students in community affairs and of community members in university affairs.

An intermediary product of this project will be a series of model program designs for campuses in rural and urban areas and for campuses of various sizes. Such models will be the product of the final two task forces. In addition to identifying necessary program

components of mental health services in urban and rural campuses, both small and large, the task forces should identify the issues which need to be considered, when planning such programs, when determining priorities, when estimating cost, and when allocating resources. These service models have the potential of directly influencing the development and expansion of campus mental health programs throughout the West and indirectly influencing campus mental health services elsewhere.

As a by-product of the project, the student residence hall advisor, the mental health aide, and other types of ancillary personnel will be identified as mental health resources and plans for their training will be formulated. The task force on mental health manpower has as one of its responsibilities the full exploration of this issue and the task force on inservice education and training has the responsibility for conceptualizing the training issues for these new manpower sources.

DEVELOPING COLLEGE COMMUNITY MENTAL HEALTH DIRECTORS

Dr. Ben Barger
Student Health Services
University of Florida
Gainesville, Florida 32601
MH-12451 1970-1972

This is a one year program to prepare mental health professionals for comprehensive campus community mental health program development. Five mental health professionals who have already earned their professional degree will come together for a year to work with the staff of the University of Florida mental health program. They will engage in a survey of campus needs and resources, establish priorities for program development, and plan and implement mental health programs. They will evaluate the needs and resources of the campus where they will be employed and develop detailed plans for a comprehensive mental health program for that campus. These activities will be conceptually integrated through weekly seminars in which relevant current literature will be reviewed and discussed in the context of the ongoing program activities. The most helpful readings will be assembled as a resource for college and university program directors. The graduates of this program should be prepared to assume responsibility for positions on college or university campuses where there is an interest in campus wide mental health program development.

NC35

TRAINING STUDENT NURSES AND PSYCHIATRIC RESIDENTS THROUGH THE USE OF THE GROUP PROCESS

Dr. Norman Zinberg
Department of Psychiatry
Beth Israel Hospital
Boston, Massachusetts 02215
***MH-6379 1956-1960

The aim of this project was to demonstrate and evaluate the effectiveness of a new group approach in helping first year nursing students and first year psychiatric residents to improve their psychological understanding of their patients, colleagues, and selves. Groups were structured to permit the training of experienced psychiatrists in use of the procedure. The plan was to use volunteers over 3 years totaling 75 nursing students (3 groups per year) and 20 psychiatric residents (1 group per year). Each group met with a group leader for 15 weekly sessions of one and a half hours each to discuss personal reactions to work incidents. Training of experienced psychiatrists as group leaders was to be done through observation of groups, discussions on observation (1 hour) and participation in evaluation. The hypothesis was that this group experience could become a part of teaching and training students and professional personnel in many fields.

TRAINING NEW WORKERS FOR SOCIAL INTERACTION THERAPY

Dr. Richard Sanders
Research and Development
Philadelphia State Hospital
Philadelphia, Pa. 19154
MH-8210 1963-1968

This project was designed to train recent college graduates, novices to the mental health field, to fulfill the administrative and generalized therapeutic functions required in the conduct of socio-environmental treatment programs for chronic mental patients in state hospitals. These functions include:

1. The establishment within the hospital of a social community which replicates for the patient the extra-mural community to which he must return. The social community derives from the establishment of a group living situation which requires the patient to participate in decision-making processes and to assume responsibility for himself and others.

2. The provision of an education program which teaches patients the skills necessary for survival, initially in the intramural community, and ultimately in the extramural community. In this educational program, tasks are utilized to elicit patient interaction and provide social skills necessary for the generalization of appropriate social behavior.

3. The use of social-psychological techniques to insure participation in the program and instill new learning. In addition to the demand for interaction provided by the structured aspects of the social environment and the education program, personnel within this program must provide sustained pressures necessary to shape and modify social behavior. Simultaneously, they provide the support which helps the patient endure the stresses involved in the interaction program, they offer feedback regarding the deviant behavior to be corrected, and they reinforce the integration of appropriate social behavior.

The one year training program was initiated in January, 1964. By September, 1967, 57 college graduates had been admitted to training. Twenty-seven of these were men, 30 were women, 5 were black, 52 were white. The age range of the admission group was from 20 to 42 years, with a median age of 22-1/2 years. Thirty-three of the trainees had majors in psychology, 8 in social work. The remaining 16 had majors in a variety of fields, such as biology, physical education, rehabilitation counselling, and arts.

The base unit for the training program was the Philadelphia State Hospital Rehabilitation Unit on which socio-environmental treatment programs were already in effect. The first six months of the one year training period included both didactic and practicum training. The last six months of training consisted primarily of supervised practicum experience on other units throughout the hospital, where trainees, under supervision, had the opportunity to develop, implement, and conduct socio-environmental treatment programs.

The training faculty was multi-disciplinary and consisted of three to four professionals from the fields of clinical psychology, social work, activity therapies and group dynamics. Each faculty member served in a dual capacity: teaching courses in his area of specialty, and providing both group and individual supervision. The didactic curriculum included courses in personality theory, group dynamics, social organizations, activity skills, and social interaction therapy - theory and practice in structuring the ward

environment as a therapeutic community, and in conducting groups which work toward reality goals, facilitate interpersonal relations, and provide corrective experiences for mal-adaptive behaviors.

The project has been quite successful in training college graduates to master the skills of social interaction therapy and to work with other mental health disciplines in establishing and conducting socio-environmental treatment programs on hospital wards. By September 1968, the program had 37 graduates. Only two of the graduates left practice. Of the remaining 35 graduates, the majority are working as civil service employees (Psychological Service Associate I's) at the Philadelphia State Hospital and other institutions in the state system. Some have since earned a master's degree and have advanced to the Psychological Service Associate II level. A few have moved out of state civil services and into comprehensive community mental health centers. Six of the graduates are engaged in full time academic work towards more advanced degrees.

A study by Bohr and Goldman on the "Changing Status of Mental Health Occupations in a Transitional Hospital" (1967) shows that personnel involved in therapeutic services tend to rate these new mental health workers as having higher status than do personnel involved in custodial services. By and large, ratings made by medical and paramedical personnel in hospitals throughout the Commonwealth indicate that mental health worker graduates enjoy a status commensurate with their educational background, that is, approximately equal to that of social workers and nurses.

A survey of the attitudes of clinical directors on all units throughout the Commonwealth where these new mental health workers are employed indicates that they believe that these new mental health workers can assume responsibilities equal to, or far above, their current job functions.

Currently, the number of applicants for training has increased to the point where only one out of every five can be accommodated. Almost all candidates admitted successfully complete training. The demand for graduates now exceeds the capabilities of the original training program. Comparable training programs have been established by other hospitals to meet the need for therapeutic service personnel. In view of the availability of numerous job prospects, the adequate salary scale (a Government Career Trainee stipend of $7,407 during the year of training, a salary of $8,163 upon completion of training and eligibility for a pay range of $9,011 - $12,075 upon completion of the master's degree), and the high potential of job satisfaction, most graduates continue to work in the mental health field. In fact, many continue to further their training in order to accept positions with higher-level responsibilities and greater remunerations.

With the termination of the NIMH training grant, the training program at the Philadelphia State Hospital has continued completely under institutional support. In view of the demonstrated utility of this program there has been an increase both in the number of training faculty and the number of trainees, and an expansion of program content to include training in group psychotherapy and work with acute psychotics. The program now also has a more formal relationship with a graduate school so that trainees can begin work towards a master's degree upon entrance into training.

Considerable information regarding the project has been disseminated through brochures, by visiting college campuses, and by direct contact with heads of departments, employment bureau personnel, faculty guidance counselors, and potential recruits. Information regarding the new manpower developed by the project was disseminated at Superintendents' meetings and through visits by training faculty and trainees to various hospitals. Publications in the Pennsylvania Psychiatric Quarterly, in addition to the employment of training program graduates by various institutions in the Commonwealth, further facilitated the spread of information regarding the program and its new manpower. Papers have been given at professional meetings and staff have participated in special conferences, such as: the Rochester Conference, June 17, 1965; the Southern Regional Educational Board Conference, April 1966; and the Surgeon General's Conference, January 17, 1968.

RE-ENTRY EXPEDITER WORK-STUDY TRAINING PROJECT

Miss Mary Wodarczyk
H. Douglas Singer Zone Center
Rockford, Illinois 61105
MH-10572 1966-1969

Initially, the expediter role was conceptualized as filling a line-staff need to implement zone center operations through coordination of the zone services with the

social agencies and public services, focusing them on a goal of maintaining or effectively re-integrating into the community the mentally ill and retarded and developing within smaller areas comprehensive networks of services as close to home as possible. The training program is to develop a master's level generalist. Particularly, the expeditor is charged with: 1) developing alternate care plans to hospitalization; 2) facilitating re-entry into the community of institutionalized persons; 3) adequate follow-up and prevention; and 4) resource development to fill gaps in community services. He plays many roles, including that of linker, convener, negotiator, arranger, and consultant.

Since the program's inception in 1965, 71 persons have obtained the master's degree at Northern Illinois University. The participants in this program come from a variety of geographic locations and work backgrounds and undergraduate majors. In the first several groups, there were large numbers of returning Peace Corps and Vista volunteers. Due to some late decisions regarding availability of state stipend grants, we have been unable to actively recruit from this group. It is interesting to note that only five of the total group were previously employed by the Department of Mental Health.

The Singer Zone Center has been the stipend-sponsoring agency and primary field work placement. Northern Illinois University in DeKalb is the degree-granting university. The granted degree is the Master in Community Mental Health. The degree consists of a thirty interdepartmental one-year master's, plus 300 hours of field-work experience. Coursework is in the fields of sociology, psychology, home economics, and education plus a mental health seminar to integrate the academic and field work experiences and to involve community leaders and special consultants. In addition, training papers developed by zone center staff are used emphasizing crisis counseling, management of the acute-grief state, the social-breakdown syndrome, and the linking technology. Opportunities are provided but not required for participation in a variety of human relations workshops.

The uniqueness of the training is the development of the interdisciplinary appraisal system and focus on social management rather than pathology and theory.

Actual employment opportunities have been all mostly at the Singer Zone Center. However, expediters leaving Singer have moved into other department facilities and the school system carrying many of the concepts with them and developing similar roles in other settings. More recently, the Department of Corrections is interested and recruiting graduates of this program, as are other department facilities, agencies, and planning boards. The potential employment opportunities are definitely broadening. The zone center is too limiting for the possibilities for this kind of role and it can be exported to other settings.

In the zone center, expediters have been a central staff group and have taught other staff, social workers, nurses, psychologists, and psychiatrists by their example and success. They have assumed significant leaderships and are central in establishing the trends by which our programs develop.

Nationally, the program was chosen for presentation at the National Association of Mental Health Manpower Showcase Conference in Washington, D.C. in February 1970. The program has been cited in several recent publications and journals.

A particular example of effect is one expediter who left Singer and became ombudsman for the Rockford school system. The role was accepted and is being expanded to serve other schools. Many agencies locally are more open to interagency conference and planning together and have less fear and stereotype of the person who has had psychiatric hospitalization.

Within the center, the following positions of leadership have been assumed or created by expediters: coordinators of drug abuse programs for the zone; program director of the Seven-county Adult Psychiatric Unit; assistant zone director for Community Services; outcare director-Adolescent Unit; coordinator for community development-Adolescent Unit; outcare director-Alcoholism Unit; coordinator for community development-Mental Retardation Program; outcare supervisor-Mental Retardation Unit; community worker supervisor-Tri-county Adult Psychiatric Unit; expediter supervisor-Seven-county Adult Psychiatric Unit; present director of expediter training at Singer and liaison to Northern Illinois University.

One person who left is working in a state hospital in Kansas and is developing the expediter role within that system.

After the termination of the NIMH training grant, the Illinois Department of Mental Health provided a limited number of full-time educational stipend grants. At this

time, there have been state budget cuts; and although an exception for this program has been requested, it is not now known whether there will be continuing stipend support. Foundations and other state departments are being contacted for possible financial aid.

MATERIALS FOR INSERVICE MENTAL HOSPITAL TRAINING

Dr. Thomas Stachnik
Department of Mental Health (Michigan)
Cass Building
Lansing, Michigan 48913
MH-11647 1969-1971

The project initiates a systems approach to solving learning problems for training ward attendants in mental hospitals. Based on a thorough task and needs analysis, training materials, presentation media, instructional management guides, and supervisory orientation materials are being developed and validated as a learning system. The total system will provide self-paced instructional units designed to interrelate programmed movie, slide, audio, and text presentations in a study carrel with demonstrations, discussions, and practical exercises conducted by instructional managers at the training site. The learning sequences are geared to individual needs within the target population. The media mix is empirically determined from an analysis of learning objectives written in behavioral terms, and from developmental testing. The content of the system will include:

(1) attendant nurse orientation training,
(2) general nursing care skills,
(3) behavior modification techniques and psychiatric nursing responsibility, and
(4) learning retention orientation for supervisors.

A manual for instructional managers will provide the necessary guidance in each state hospital for effective use of the materials. The self-pacing and semi self-instructional system will allow immediate access to training for new employees, provide accessible review material which may be scheduled for experienced employees, and provide available training during all work shifts in mental hospitals.

The general training areas have been subdivided into manageable sub-units. An educational technologist is assigned to each sub-unit and held responsible for its development as a complete sub-system. The instructional manager's guide grows with the total system and the additions are forwarded to the user hospitals along with other sub-system material. Seven steps are followed in developing each sub-system as follows: The task and needs analysis, the development of learning objectives, the development of learning situations including the developmental testing, review and edit, the development of the instructional manager's manual, placing the sub-system into operation, and evaluation.

System components are tested on target trainees. Testing is continued until required learning takes place as measured by criterion tests. The criterion tests are based item for item on the list of learning objectives written in behavioral terms.

In the first year of the project, fifty management and educational personnel from the state hospitals have been trained in the concepts and management of the training system. Fifty supervisors have experienced a short sub-system on learning retention orientation. Thirty attendant nurses have been trained via a sub-system unit for attendant nurse orientation training.

Total material production at the end of the first year includes four volumes of programmed text materials for attendant nurse orientation training and two volumes of text materials for general nursing care skills, two 8mm films totaling 12 single concept sequences and partial development of a third, 800 colored slides, and 8 stereo master tapes to provide audio instruction and signal impulses for synchronization with the slides. Twenty individual study carrels have been designed, manufactured, and delivered to hospitals in accordance with personnel hiring requirements. Analysis for subsequent units has started, and additional sub-systems will be completed in due time. Sub-systems are complete training entities and are placed into operation as quickly as validation permits. All materials are validated on new employees entering the service as attendant nurses. These employees are generally high school graduates, but a number of non-high school graduates are employed in the metropolitan areas.

Personnel in seven state mental hospitals cooperate with the development staff to analyze needs, review learning objectives, role play for slide-tape and movie presentations, and to develop, test and validate completed materials.

The training system is being developed

within the concept of aiding hospitals in the total problem of training attendant nurses as psychiatric aides. The initial efforts have been in orientation training, and general nursing care skills, but the major emphasis will ultimately be in behavior modification techniques and other psychiatric nursing skills. Media mix is carefully programmed to meet the needs for satisfying the learning objectives. To provide a maximum of learner self-pacing and self-instruction, as well as ease of scheduling, individual study carrels were designed to include a writing desk for working in a programmed text, a Fairchild cartridge movie projector to display motion in color, a Sawyer slide projector with a 100-slide Rototray, and a Viking tape player to play cartridged stereo tapes. One track of the tape contains audio instruction, while the other track contains impulses to advance and to turn off the synchronized slide and tape presentation as programmed. Programmed instruction directs the learner to utilize various media as necessary stimuli in learning sequences. When learning outcomes call for discussion or practical exercises, the instruction directs the learner to contact the instructional manager. The instructional manager's manual provides a schedule of learner progress, so the instructional manager will be prepared in advance to meet learner needs at appropriate progress points. Valid criterion tests are provided to test the validity of the materials. Validation requires that 85 percent of the target population responds correctly to at least 90 percent of the learning objective requirements.

This training system is being developed on a careful analysis of what the attendant nurse does in the state hospitals and what they must do in view of modern techniques for dealing with human behavioral problems. The scientific process of developing the learning system provides a conglomerate of learning situations which may be easily dissected for revision, deletion, or addition. It provides learning stimuli based on requirements of the target population and eliminates the use of extended lectures and lengthy training films. When a 30-second movie presentation will result in the required learner response, a 30-second movie is provided. When one colored slide and a paragraph of audio instruction will result in a required response, that is what is provided. This "lean approach" to developing learning situations results in a saving of learner time and a lessening of the boredom inherent in the practice of "over-teaching".

The developmental concept under which this learning system is developed separates the evaluation of learning objectives from the evaluation of learning effectiveness. If effective learning is accomplished, based on the established objectives, ineffective hospital services may then be related directly to stated learning objectives or other personnel management problems.

The concept of scientifically solving learning problems for employee development has been accepted by a number of organizations in government and industry since the project started. Interested visitors to the project office include persons from state and local education units, industrial personnel, state social service personnel, and managers of state Civil Service training programs. As a direct result of the interest aroused by this project, a new chapter of the National Society for Programmed Instruction has been launched in the Central Michigan area. The Project Director has been called upon to advise personnel in other state agencies in the various facets of using programmed instruction and developing complete learning systems.

The program was described in a presentation at the 1969 Convention of the American Psychological Association as one of a five-part symposium on "Introducing Behavior Modification in a State Mental Health System". It is also described in an article "Attendant Nursing Training System" in Educational Technology. A more current description of developmental progress was reported in a presentation at the 1970 Annual Convention of the National Society for Programmed Instruction. The logic of the systems approach is easily accepted by organizational managers. Those who have had training in systems management easily assimilate the intricacies of this developmental process into their background of knowledge. The less indoctrinated find it difficult to cope with the organizational requirements of systems development, but understand and appreciate the logic of such application.

Target trainees who have experienced portions of the training for developmental test purposes are enthusiastic about the manner of study provided by the system. Employees who have previously had learning problems are the most noticeably enthused recipients.

Instructional managers, who are responsible

for managing the system in individual hospitals, have the most difficult task of adjustment. Careful training is required to help these people adjust to their new role in employee training, and become true "Managers of Instruction".

Section 5.

COMMUNITY AGENCY PERSONNEL

COMMUNITY MENTAL HEALTH TRAINING

Dr. Maurice H. Greenhill
School of Medicine
University of Miami
Coral Gables, Florida 33124
***MH-6409 1956-1957

The goal of this project was to explore designs for the preparation of psychologists and psychiatrists for work in the community area at the local, state, and regional levels. The curriculum had three phases: (1) seminars on the function of groups; (2) practicum work in the psychiatric center and its associated general hospital; and (3) practicum work in the community at the local, state and regional levels. All trainees took courses in the Departments of Sociology and Human Relations. A community practicum included affiliation with a large number of local, state, and regional agencies with each trainee having active functions during placement.

TRAINING COMMUNITY AGENCY PERSONNEL

Dr. Hilda S. Rollman-Branch
Los Angeles Institute for Psychoanalysis
344 North Bedford Drive
Beverly Hills, California 90210
MH-8060 1963-1968

The objectives of the project were to make that aspect of psychoanalytic knowledge which pertains to a systematic theory of human behavior available to a broad spectrum of professionals whose work relates to behavior and motivation in human beings. In particular this refers to those whose daily work concerns education, assistance, counseling, therapy, and rehabilitation of other human beings. The Community Education Committee of the Los Angeles Psychoanalytic Society and Institute does not have as its objective the training of individuals in the science and art of psychoanalytic therapy but rather to incorporate the knowledge which has emerged from psychoanalytic learning and activity into the work which is done by these other professionals. In addition to this primary objective, it has been the expectation of the Community Education Committee that a rippling effect would take place in which more and more individuals of a professional stature would become aware of the availability of such knowledge and would in turn be receptive to it. Ultimately the most distant objective has been that of creating sufficient interest and desire among various agencies which would then hopefully set up programs of their own and ultimately invite faculty members to become part of their consultative and teaching staffs.

Fundamentally the programs depended upon lectures, seminars, combinations of lectures and workshops, individual or small group meetings of formal or informal discussion nature. The types of professionals involved included large groups of teachers and smaller groups of probation officers, lawyers, judges, and psychiatrists. It was decided to tackle various professions individually rather than to have a broad mixing in public, simply because it allowed for a greater specificity in demonstration and in teaching the usefulness and applicability of psychoanalytic knowledge to the specific fields without having to undertake a general training in psychoanalysis. It also enabled all the participants at each particular meeting to develop familiarity with the clinical application of the materials under discussion and to make far more pertinent the particular experience the individuals could bring to bear in the meeting since all the participants would have familiarity with such experiences. Some of the programs were interrupted and repeated and others were newly installed during the latter phases of the project. The courses on the average ran from four to twelve sessions (ordinarily about six to eight) and were composed varyingly of one-day programs which reached much larger audiences on to the continuing four to twelve sessions which were mentioned above. The total number of registrants reached during the five-year period of the pilot program was about 6000.

For the most part the programs have been received satisfactorily by those participating in them. There is no question but that the programs relating to teachers, to psychiatrists, to social workers, and a particularly interesting program relating to law students have been satisfactory and have stimulated an awareness and knowledge of concepts which are most pertinent to their particular fields.

The work which has been conducted through the Community Education Committee has been the subject of a number of informal meetings with the Directors of Extension Divisions of other psychoanalytic institutes throughout the country, particularly on the West Coast. There have also been intense programmed discussions at meetings of the American Psychoanalytic Association with the leaders of Extension Divisions, or

their representatives, discussing the programs of the various institutes. In addition, the members of the Los Angeles Psychoanalytic Society and Institute have undertaken an extensive inner discussion concerning the breadth and the depth of their participation in community activities. There is no question that the trend is toward increasing participation in the community by the practicing and teaching psychoanalysts.

CONTINUING EDUCATION FOR MENTAL HEALTH PERSONNEL

Dr. Jerome Levy
Staff Development Program
Western Interstate Commission for Higher Education
P.O. Drawer P
Boulder, Colorado 80302
***MH-8338 1964-1966

This program involved the training exchange among the triad of hospitals, community agencies, and the universities. It aimed to set up permanent training bases at several of the universities within the area as continuing centers for education of the personnel in the mental health field. Also, it developed several continuation education centers within community agencies and hospitals.

TRAINING OF MENTAL HEALTH COUNSELORS IN ISOLATED COMMUNITIES

Dr. Paul F. Mandeville
The Bradley Center, Inc.
1327 Warren Williams Road
Columbus, Georgia 31901
MH-10276 1965-1970

This Pilot Training Project (MH-10276) was undertaken in 1965 and concluded June 30, 1970. It follows the completion of an earlier three-year Demonstration Project devoted to the same general program of bringing workshop training to a community's paraprofessional mental health counselors including ministers, public health nurses, caseworkers, school personnel, and others. The workshops have striven to increase the resources and skills of these paraprofessionals in order to open the way for a coordinated purposeful program for promoting mental health on a community-wide basis. To date, 1044 persons have participated in training.

Workshops have relied on a case study method entailing a standard method of collecting information about clients, a standard format of information analysis, and controlled discussion of case management issues. All cases studied and discussed have been those of participating trainees. Workshops meet in two-hour sessions each week for ten consecutive weeks in facilities provided by trainees in their home community. Number of trainees is usually limited to approximately twelve per workshop, and workshops normally keep the same instructor from beginning to end. Additional case consultation is provided trainees by phone or mail, and a six months follow-up session provides a check on trainees' continuing ability to employ the methods of information analysis and to perform case management decisions. Project evaluation includes employment of a research questionnaire ten weeks before the start of workshop training, at the start of training, ten weeks later at its completion, and at the six months follow-up session.

A most unique aspect of this project has been the effort to develop an instrument (the Personal Data Kit) widespread use of which would permit a community's professional and paraprofessional mental health workers to communicate readily about people experiencing emotional difficulty coping with problems of living and to do this sufficiently early so as to constitute a preventive as well as remedial force acting on behalf of community mental health.

The uniqueness of this project resides in its effort to implement a community network of mental health action with a gradient of responsibility flowing stepwise from paraprofessional to professional mental health worker. An assumed basis for both vertical and horizontal communication is provided by the common language of the Personal Data Kit, the standard format of information analysis, and the common approach to case management determination employed in all workshops.

The project has accomplished its purpose of bringing workshop training to a wide spectrum of paraprofessional mental health workers residing in small communities within a 100 mile radius of Columbus, Georgia, the project's center. Training has not interfered with the normal occupational activities of trainees, and has been more or less unanimously received by them as improving counseling and assessment skills. A few trainees have incorporated use of the Personal Data Kit into their normal work routine.

The evaluation efforts have provided reliable evidence of occupationally-related attitudes towards counseling and community action. In the aggregate, the findings strongly suggest

that commonly shared attitudes and values weigh more in the fashioning of an effective community-wide program of mental health action than does the fact of a readily-at-hand communication medium such as the Personal Data Kit. Likely significant differences between critical attitudes and values of professional as against paraprofessional mental health workers renews debate over the advisability of putting major resources into the effort to deliver expanded professional services or into further efforts to fashion a community mental health force out of diverse occupational groups of paraprofessional counselors.

A TRAINING PROGRAM FOR AFTERCARE WORKERS

Dr. Paul W. Penningroth
Southern Regional Education Board
130 Sixth Street, N.W.
Atlanta, Georgia 30313
MH-10282 1965-1967

The project attempted to identify persons concerned with and responsible for aftercare work in mental health and to upgrade their skills in carrying out aftercare in the 15 states of the South.

The project ran into difficulties when it became apparent that in no state of the region (or the nation) has a clear designation been made of persons clearly responsible for aftercare. This is sometimes assumed by mental health centers, or by mental health clinics and occasionally by the mental hospital staffs. This depends mostly on individual interest and initiative.

When it became apparent that no overall network of training programs in aftercare was feasible because of the lack of firm statewide commitment to aftercare, the project was changed to one of consultation to those persons who were interested. Each state chose its consultant from a listing of experts. These experts then conducted workshops or consultation tours to interested persons in the individual states.

In all, perhaps 100 persons from the South were directly involved in conferences, workshops or consultation sessions of this project. Many of them extended their aftercare activities as a result. A few conducted subsequent training programs for persons in their own states.

Perhaps the most significant change was the insight that aftercare involves concern for the ex-patient's social, financial, spiritual and occupational adjustment as well as for his medical well-being. Aftercare is more than a "pilling station" operation which many persons had felt it to be.

In the past two years the staff of the Southern Regional Education Board have filled many requests for copies of the project's publications, "Aftercare" and "Coming Home," and have responded to requests to lead workshops on aftercare. Many queries about aftercare programs have also been answered.

MENTAL HEALTH TRAINING PROGRAM FOR COMMUNITY WORKERS

Dr. Stanton B. Felzer
Department of Psychiatry
Temple University Medical Center
Philadelphia, Pa. 19140
***MH-10285 1965-1969

Temple University Medical Center provided a training program for persons from public agencies in Philadelphia with the objective of enhancing understanding of mental health concepts and principles, and to sensitize them to certain socio-cultural, as well as psychological issues relevant to the client with whom they worked. Two secondary objectives of the program were: (1) the development of a well-defined and clearly outlined curriculum that could be replicated elsewhere and (2) the development of evaluative instruments which would allow for the assessment of the effectiveness of the program.

Trainees came from nine agencies in Philadelphia which served persons primarily from the lower socio-economic class. Agencies represented include: the Board of Education of Philadelphia, the Board of Parole of Pennsylvania, Catholic Social Services, Opportunities Industrialization Center, Pennsylvania State Employment Service, Philadelphia County Board of Assistance, Philadelphia Department of Public Welfare, Philadelphia Department of Recreation, and the Probation Office of Philadelphia. The trainees functioned as case workers, counselors, probation officers, or recreation workers in their respective agencies, and a prerequisite for participating in the program was that the trainees had no graduate degrees in psychology or social work.

Section 6.

MODEL CITIES PERSONNEL

MODEL CITIES LEADERSHIP DEVELOPMENT INSTITUTE

Mr. Raymond E. Nelson
University of Arkansas
Fayetteville, Ark. 72701
**MH-12539 1970-1973

This program will provide leadership training to citizens in Texarkana for participation in Model Cities activities . The program will consist of a series of five Institutes, each with six monthly two-evening workshops for 50 persons, dealing with subjects such as: (1) Preparation for Widespread Participation, (2) Understanding Groups and Group Dynamics, (3) Community Change, (4) Communication, (5) Power for Decision-making, and (6) Motivation for Participation. Emphasis will be placed on small group sensitivity, skill, and discussion exercises. The program will be directed by University professionals, but training responsibilities increasingly will be transferred to local trainers as their competence is demonstrated. The program will be evaluated, and three publications prepared: a Project Report, an Evaluation Report, and a Training Manual.

Approximately two-thirds of the participants are to be drawn from the so-called target areas of the Model Cities programs; the remainder will be community service employees and public officials. By the end of the grant period it is anticipated that the in-community trainers would be prepared to plan and conduct similar training projects in order to continue the process of local leadership development.

The program will include training for leadership skills and competence and training for participation in the comprehensive planning process. Where appropriate, sensitivity sessions and simulation games will be used, as will field work activities, brief theory handouts, role playing exercises, and audio-visual aid presentations. Formal lectures will be minimized. In general, a special effort will be made to base all training activities on the problems, needs and conditions of which the trainees have knowledge and have had experience in their Model Cities Neighborhoods.

The training program offers an innovative approach to mental health. Rather than seeking to restore normal functioning to those already identified as having serious mental health problems, it assumes that:

1) a great many, if not all, residents of Model Cities areas exist in a deteriorated emotional climate.

2) such a climate serves as the latent precondition for the types of breakdown in individual and group functioning which are easily recognized as mental health problems.

3) individuals in such an environment, though normally adapted as they can be under the circumstances, can achieve a higher degree of functional ability to cope with environmental problems.

The training goals, in fact, seek to bring participants to levels of leadership competence not hitherto within their grasp. By sensitizing participants to certain leadership standards and allowing them to simulate leadership roles, the program will increase their potential effectiveness, and because it provides effective leadership roles, it sets the stage for improving the total emotional climate of and competence of the community.

The program, then, affords the possibility of favorable outcomes on three levels. It can serve as a preventive, heading off serious mental health problems before they occur; it brings individual participants to a higher degree of functional competence; and it can have an impact on the emotional climate of the total community.

Section 7.

VOLUNTEERS AND CITIZEN PARTICIPATION

MENTAL HEALTH ASSOCIATION STAFF TRAINING CONFERENCE

Mr. Brian O'Connell
National Association for Mental Health
10 Columbus Circle - Room 1300
New York, N.Y. 10019
***MH-9544 1966-1967

This program consisted of a five-day training institute for professional staff of the National Association for Mental Health, Inc. and provided an intensive learning experience in the development of the skills essential to mobilization, organization and effective utilization of volunteer talents. The need for volunteer involvement in support of comprehensive community mental health services served as the focus for training. The methods of instruction at the conference included a combination of plenary sessions, work groups and participative labs.

ASSOCIATE LEADER AND CASE AIDE TRAINING PROPOSAL

Dr. Victor A. Gelineau
Case Aide Program
Boston State Hospital
Boston, Massachusetts 02124
MH-11062 1967-1970

The Case Aide Program at the Boston State Hospital first came into being in 1963 when a small grant from the Permanent Charities Foundation was made available to demonstrate the theory that intelligent and highly motivated mature men and women from the community, under the supervision of trained and experienced psychiatric social workers, could help the chronically mentally ill state hospital patients. While this idea was not entirely new, having been tested prior to 1963 with college student volunteers, the concept still had some revolutionary aspects. Up to the time of student intervention, contact of a therapeutic nature with mental patients was considered to be the exclusive domain of the professionally trained personnel.

It was found that the Case Aide Volunteers' work with patients was as successful as the student-patient relationship had been. Not only did many patients show significant improvement where hope for change had seemingly vanished, but it was also found that the volunteer could help a severely ill patient in a way professionals could not. This very special way of helping could be described as partly therapeutic, partly educational and partly supportive; and made possible a surprisingly high degree of patient improvement.

As the Case Aide Volunteers became involved in a relationship with a patient, it became evident that they needed to have more clinical information about the patients assigned to them. They were motivated to learn more about the operation of a large hospital, the various professional specialities, and all the ancillary services needed to help a patient.

Several new training instruments were added to the program for case aides. The professional staff prepared a training manual, A Guide for the Volunteer which is given to every case aide upon entering the program. It is supplemented by a list of readings in the fields of psychiatry, social work, psychology and sociology. The case aide office houses a small library of pertinent books and current mental health journals. Volunteers attend a series of especially prepared seminars by hospital personnel and outside experts in such topics as clinical psychiatry, hospital administration and community resources available to patients.

Subsequently, a more formalized training program was established, financed by a three-year grant from the Experimental and Special Training Branch of the National Institute of Mental Health. The training program had two interrelated but distinct phases. The first consisted essentially of an intensified educational program for the case aides; the second offered training for a new category of worker, the associate leader who has been recruited from the ranks of the case aide volunteer after completing one year of work in the program.

Candidates for associate leader training are selected by the program's professional staff, on the basis of several criteria: good performance as a case aide, personal integration and stability, and evidence in group settings of leadership qualities and the ability to work as part of a team. They must also be highly motivated to take on a leadership position for a minimum of one year.

The first stage of associate leader training consists primarily of group meetings, with a professional supervisor in charge of training, covering various group leadership techniques and group dynamics. Trainees consider the nature of small-group structure and the roles played by group participants as well as problems of group interaction and potential solutions. They also observe other supervisors and/or associate leaders conducting case aide groups to witness styles that are successful, or unsuccessful, for leading a group. Each year, associate leaders and

staff members participate in a two-day session devoted to group processes. Issues related to leadership and appropriate techniques which would enable leaders to work more effectively with volunteers are discussed. The sessions are conducted by a professional psychologist from a local university who has experience and expertise in group process.

In the last stage of training, the trainee interviews prospective volunteers and forms a group of 7 to 10 new volunteers. The associate leader is responsible for the assignment of patients to volunteers, relationships to the ward staff, and the supervision of the volunteers' relationship with his assigned patient.

Throughout their work, the associate leaders meet weekly with their supervisor to report on the groups they are leading. Whenever the leader needs further help, the supervisor is available for an individual conference. Associate leaders have been trained to recognize situations in which they should come to the professional for advice or action. While the associate leader and case aide separate the professional from the patient, the professional is still in close contact with the entire program and holds ultimate responsibility for the volunteer and the patient.

As of Fall, 1970, 15 volunteers have become Associate Leaders, nine of whom are currently running groups of 5 to 16 case aide volunteers.

Since 1963, over 500 volunteers from the Greater Boston Community have joined the ranks of the Case Aide Program. This sizable number represents a wide range of ages, life experience, ethnic groupings and social backgrounds. They range from college students in late adolescence to senior citizens in their late seventies; most are between 30 and 50 years old. Some are professionally trained in science, law, teaching, library work and dentistry. The majority are housewives, and nearly all are college educated. As in most volunteer programs, there is a shortage of men workers, but for the past three years several Catholic seminaries have used the program as part of their field education experience. Some young men also come from Phillips Brooks House, the volunteer service bureau at Harvard University, as well as Boston University, Tufts, Brandeis and various graduate schools in the greater Boston area.

In conclusion, it is worth noting that as a result of their experiences as Case Aide Volunteers, 20 people decided to continue their education and have returned to schools to obtain graduate degrees in social work. Several are now working part-time in the field, and one has returned to the program as a professional part-time staff member.

U.S. JAYCEE LEADERSHIP TRAINING PROGRAM

Mr. Brian O'Connell
National Association for Mental Health, Inc.
10 Columbus Circle - Room 1300
New York, N.Y. 10019
***MH-11129 1967-1969

This program provided training for U.S. Jaycee national, state and local leaders so that these citizen leaders would become better equipped to help determine, obtain and provide services for the mentally ill and mentally retarded. The major component of this program was a three-day conference for Jaycee lay leaders. The conference was designed to instill a desire and feeling of responsibility for action, by means of training which prepared the trainees for that action when they returned to their individual states. Conference participants included three trainees from each state, consisting of each state president, each national director assigned to the mental health-mental retardation program from each state, and the state chairman, and members of the National Executive Committee. Following the national conference, regional seminars for state chairmen were scheduled to be held.

LOCAL MENTAL HEALTH TRAINING PROGRAM

Mr. Alfred D. Buchmueller
National Congress of Parents and Teachers
700 North Rush Street
Chicago, Illinois 60611
***MH-11163 1968-1971

The National Congress of Parents and Teachers is using a national staff and part-time consultants to train all its State PTA Presidents, State Mental Health Chairman, and State Parent and Family Life Education Chairman to recognize children's unmet needs and to become familiar with proposed plans for assuring children's emotional health. The Congress hopes to increase parent participation in local mental health development. The twin goals are (1) education and (2) a social action program.

TRAINING COORDINATORS OF VOLUNTEER SERVICES

Dr. Marvin S. Arffa
Northeastern University
360 Huntington Avenue
Boston, Mass. 02115
MH-12162 1970-1973

The program is designed to help participants to:

a. understand the nature of volunteer services and its value to patients and clients, hospitals and other agencies, in the community;

b. provide knowledge of the principles of organization, supervision, and administration and learning as these apply in the structuring and effective volunteer service program;

c. provide knowledge of the structure and function of community organizations and their existing resources;

d. provide skill by coordinating community resources and volunteer services with treatment or rehabilitation programs;

e. develop skills for effective leadership and to establish effective working relationships with the staff, community leaders, and volunteers;

f. develop skill to interpret the concept underlying the use of volunteers as members of the treatment, rehabilitation, and educational program;

g. develop knowledge of the principles and practices of personnel management as they relate to the recruitment, selection, referring for assignment, training, motivation, counseling, retention and evaluation of volunteers;

h. develop knowledge of the media in order to relate the quality of volunteer resources and services to the community;

i. develop skill in presenting ideas accurately, effectively, and concisely.

The first class of trainees was scheduled to begin in February 1971. Each trainee will have earned a baccalaureate degree, preferably with a major in one of the behavioral or social sciences. A trainee must be currently employed or intending to be employed as a Coordinator or Director of Volunteer Services in Mental Health or Mental Retardation setting. Each employed trainee must be recommended by his employing agency and be released by his employer from regular duties so that the trainee can devote full-time to study during the period of the course.

Facilities significantly cooperating in the training are the Center for Continuing Education, Northeastern University; the American Association of Volunteer Service Coordinators, and affiliate of the American Psychiatric Association; and the Massachusetts Department of Mental Health.

Generic and professional topics are integrated throughout the entire educational experience which includes lectures, small group discussion, and experiences in the field. A total of 48 lectures and discussions are anticipated for each six-month training program. A core curriculum includes the dynamics of human behavior; interpersonal communication; the dynamics and techniques of leadership; and inter-intra-group behavior.

General administrative theory will be provided through sessions concerning principles of personnel management, supervision, the formal and informal structure of organizations, community organization, record-keeping, budget proposals and fiscal management, job analysis and description, public relations management, and program evaluation. Courses focusing on the administration of volunteer programs particularly will include topics on the history and sociology of the volunteer movement, recruitment practices, interviewing techniques, working with allied staff, using community resources, and evaluation of volunteer performance. Special issues in volunteer administration will be led by guest speakers most expert in particular situations.

Inclusion of a field experience is essential throughout the training program. Trainees will have experience in working directly with the community volunteer bureau and local mental health and retardation associations. They will have experience in planning and organizing, conducting orientation training courses, interviewing prospective volunteers, and perhaps developing new volunteer programs. They will have experience in public relations and have an opportunity to deal with a variety of administrative tasks. They will have an opportunity to attend lectures, and sections of other training courses offered by a hospital or community facility which would contribute to the general knowledge needed by a coordinator of volunteer services.

By 1970 new positions numbering close to 1,000 have been established as part of comprehensive state planning for mental health and mental retardation services. Contacts have indicated that Peace Corps volunteers, VISTA volunteers

and other similar persons would find this option most appropriate following their tours of duty. No such intensive training for coordinators of volunteer services now exists in the United States. Authorities in the field have indicated that the need is great.

It is hoped that the standard set through this course will develop the guidelines necessary for a degree program in the future. The project may serve as a model for the universities that may develop an interest in such a training program.

849

Section 8.

ADMINISTRATIVE, CONSULTATIVE, AND LEADERSHIP PERSONNEL

POST DOCTORAL INTERNSHIP IN APPLIED BEHAVIORAL SCIENCE

Dr. Clovis R. Shepherd
National Training Laboratories
1201 Sixteenth Street, N.W.
Washington, D.C. 20036
***MH-7464 1962-1967

The project provided a group learning experience for selected social scientists and members of helping professions for a number of outcomes including: increased understanding of social processes and change; the acquisition of skills to promote leadership training in communities, schools, and organizations; and increased sensitivity to social needs. The training program consisted of a summer program with a commitment on the part of the trainee during the following year to participate as a junior or intern staff member on projects selected by NTL staff. In addition, continued informal study and consultation conferences were held with the trainees during the year.

COMMUNITY MENTAL HEALTH SPECIALISTS

Dr. Gerald Caplan
Laboratory of Community Psychiatry
Harvard Medical School
Boston, Mass. 02115
MH-10233 1965-1973

The objective of this one year, full-time educational program is to train mental health professionals who will assume positions of innovative leadership as planners, administrators, researchers and educators in their later careers.

Since its inception in 1954, 134 community mental health specialists have been trained. These Fellows have included psychiatrists who had completed three years of approved psychiatric residency training, psychologists with a Ph.D. and relevant work experience, social workers with a number of years of experience in clinical, community and supervisory settings, and nurses with a Ph.D. or a master's degree with extensive supervisory experience in the public health-mental health field. Sociologists and other social scientists with relevant training and experience have also participated on a full-time basis. A Certificate in Community Mental Health is awarded by Harvard Medical School to full-time Fellows upon successful completion of the program.

In certain instances it has been possible for arrangements to be made for psychiatric residents to combine their third year of residency with the Laboratory program. Harvard Medical School students, other students, Fellows and faculty of other departments in Harvard University and psychiatric residents in Boston programs can participate in courses on a part-time basis as space permits. The training program also provides opportunities for faculty members of other universities to participate while on sabbatical leave, and extension education is offered on a limited basis to staff of community mental health programs in Massachusetts.

The training program seeks to meet these goals: 1) To provide Fellows with a set of "maps and compasses" to enable them to enter a social system or non-system in the field. There are, in effect, two sets of maps: a. the conceptual map - a framework of general principles and theories; b. the concrete map - a picture of the many systems to which mental health programs relate and in which they are embedded. The compass is the method by which the conceptual framework is used to move purposefully within the system. 2) Role shift comfort - the ability to change roles on demand, i.e., clinician to consultant to administrator, etc. 3) To provide technical competence in the skills used in community mental health practice; for example, consultation, community organization, administration, etc. 4) To help Fellows become knowledgeable research consumers and to have an understanding of the administration of research and the uses of research and evaluation data. 5) To provide opportunities for Fellows to have experiences with consumers.

The academic year is divided into four quarters of approximately eight weeks each, so that opportunities are provided for field visits. During the first two quarters a conceptual foundation is built in basic core courses. The last two quarters are more open to provide opportunities for the design of electives geared to individual and sub-group needs. The weekly schedule is divided into three days of didactic teaching, consisting mainly of seminars and lectures, and two days of community service. Summer field placements are offered to synthesize the experience of seminars and community activities.

In the field, one of the models practiced in community service is the systems model, where groups of Fellows and staff operate

at many levels within an organization. Another approach uses a public health model which is applied through community mental health centers with catchment area responsibilities. In the systems approach, the teaching staff and Fellows work as a collaborative consultant team in an agency at different levels. These levels can include senior administrative personnel, middle management and line workers. Planning for intervention is done in sessions at the Laboratory in "teaching-learning teams" and each staff member and Fellow takes on a specific role and task within the system. Some examples of programs developed within agencies using a systems approach include: a city-wide program of systematic administrative and case consultation to a Visiting Nurses Association; a program of consultation and in-service-training for the administrative, supervisory, guidance and teaching staffs of a city School Department; consultation to an Episcopal Diocese (with administrative consultation to the Bishop and his headquarters staff, and group and individual consultee-centered consultation to clergymen drawn from a cross section of inner, middle and outer-city parishes); administrative and program consultation to a Model Cities program.

Using an alternative model, the Fellow operates in a mental health center which has responsibility for a geographic area. Such a field experience provides the Fellow with an opportunity to understand and apply the catchment area concept. He can become familiar with the issues and techniques pertinent to community activities. He works closely with the director of the mental health program and is able to participate in many of his administrative activities. He is also assigned two or three specific sub-systems within the catchment area where his intervention may assume the form of consultation, education, program development and/or coordination. In weekly meetings at the Laboratory his activities and experiences within the mental health programs can be conceptualized, clarified, and integrated. The teaching staff acts as supervisor of techniques and approaches, while the center director communicates with the Fellow at an administrative level. Examples of experiences in one mental health center are: consultation to the administrator and teachers of a Head Start project; consultation with the counselors of a day-care center; administrative and case-centered consultation to a junior high school.

Fellows spend a substantial part of their year in community service activities which, together with the consulting and intervention activities of the staff, provide a major link between training, research and service. These three major activities of the total program of the Laboratory are designed to be mutually supportive: sound training and effective community service are dependent on careful research in community systems; training of Fellows and others, and staff and Fellow interventions through community service activities provide live data for research, evaluation and program development in community mental health.

Timely dissemination of findings, and the application and testing of new approaches in the field, are of primary importance in the work of the Laboratory. The service activities in which staff and Fellows participate are a major channel through which results enter the field; the training of Fellows for responsible leadership positions is another. In addition, all Laboratory projects assume responsibility for publication in books and journals and for dissemination through talks to both professional and lay audiences. A film production unit provides another medium through which work has been presented to the field.

Laboratory of Community Psychiatry graduates have gone on to influence social policy in governmental and private institutions and organizations, and into other sectors of American national life which affect the emotional well-being of its citizens. The Laboratory's major training aim is to continue to produce graduates who will make a significant positive impact on local and national mental health policy and services.

PROFESSIONAL PREPARATION IN MENTAL HEALTH EDUCATION

Dr. Guy W. Steuart, Ph.D.
School of Public Health
University of California
Los Angeles, California 90024
MH-10301 1965-1970

The project was designed: a) to develop a training model for the mental health education specialist at the doctoral level; b) to offer a community mental health subspecialty at the M.P.H. level in the Division of Behavioral Sciences and Health Education; c) to offer input of community mental health concepts to the entire student body of the School of Public Health.

Seven doctoral students are currently in the program. Three or four of these students

will be graduating in 1970. At the M.P.H. level, eight students have been graduated and are working in community mental health positions. The training program is completing its fifth and final year. All trainees in the doctoral program have an M.P.H. (or equivalent) in Health Education and the great majority of them also hold Masters degrees in an additional cognate area. Most trainees also have had considerable field experience and were practitioners in a health or behavioral science area. Trainees were selected for their potential ability to function at high level positions.

Multiple agencies and institutions have cooperated in the training of students, most notable the Los Angeles County Health Department, Los Angeles County Mental Health Department, and various Community Mental Health Centers, specifically in the ghetto areas.

The average period of time (post Masters degree) to complete the Dr.P.H. degree in this program is four years. All students take a minor area of specialty and, for the most part, this has been a cognate area in a department outside of the School of Public Health (e.g., psychology, sociology, anthropology, social psychiatry). There has been every attempt individually to tailor each student's curriculum with reference to his past academic and field experience and his projected interest for the future. At the M.P.H. level, a more uniform training program was possible with a strong emphasis on the use of small groups for experiential learning.

Training has largely been geared to primary prevention. The role model has been one of preventive intervention on foci of conflict in the culture, e.g., Black v. White; Poor v. Well-Off; Students v. Administration; Parents v. Teenagers, etc. The theoretical framework has been a social ecosystems approach with the professional conceptualizing himself as an agent of social change rather than of social control.

The uniqueness of the program has been in preparing the student to function in a complex social and power system with a focus on the mental health aspects of group alienation, conflict, reconciliation and constructive change. There has been training in the more traditional role of the health education specialist as this would be adapted to the narrower needs of mental health (or illness) services that concentrate on curative and secondary preventive action. But the emphasis has been on a community-centered, rather than simply community-oriented, role. Special attention has been given to the potential for mental health services to embrace broader, innovative primary prevention programs as the context within which the more limited intramural programs of the past may function.

The training program has appeared to engender a good deal of interest in the professional mental health community. There have been numerous professional visitors from various institutions and agencies both in the U.S. and abroad. The doctoral students, a sociopolitically active group, have done considerable disseminating of the nature of the program through their efforts in the field. They have served as consultants, group leaders, and as resource personnel to community groups involved in mental health and social action programs. The training curriculum has wide diversity and is geared to individual needs and to the demands of a constantly changing social situation. For example, social crises intervention developed simply because of needs in this area. Students have been particularly enthusiastic regarding the concept of attempting to gain entree into the system at those crucial levels where a change in policy action would have the greatest effect. Consequently, they have become keenly aware of the power-political networks and have made successful forays into foci points in those networks.

Graduates of the M.P.H. program with a mental health sub-specialty are working in a variety of mental health and social action settings including state mental health departments, several different county mental health departments and OEO sponsored programs.

Three of the doctoral students who will be graduating in 1970 have already accepted positions. One student has been appointed to the faculty of a department of psychology at a university and will develop a community psychology program; one has been appointed Dean of Nursing Education at a new state college; one has been appointed coordinator of Health Education Services abroad. Thus, these students are having no difficulty in finding high level positions but the conservatism of more distinctively mental health services has largely prevented our finding them satisfactory positions in those.

It is desirable to train the M.P.H. mental health education specialist. But in a field where innovation (and the skill and status to innovate) is so sorely needed, it seems equally clear that an even more important need is to develop a highly qualified doctoral level group of

professionals capable of influencing the larger settings and approaches that in the end determine the effectiveness of the M.P.H. level professional. However, their entry into the current mental health services system and the willingness of administrators to take experimental approaches, constitute a first and major obstacle to be overcome.

TRAINING EXECUTIVE STAFFS OF MENTAL HEALTH CENTERS

Dr. William Hollister
School of Medicine
University of North Carolina
Chapel Hill, North Carolina 27515
MH-10648 1966-1972

This is a post-graduate advanced training program for senior professional staff members from the disciplines of psychiatry, psychology, social work, nursing, social science, mental health education and mental health administration to prepare them to serve as executive staff members in a comprehensive community mental health center. This program offers a one year's study towards a certificate in "Mental Health Program Administration" or two years study for the above certificate and qualification for a Master's of Science in Public Health with majors in health administration, biostatistics, or epidemiology. The first year of the program focuses on the research and theoretical foundations of mental health programming (epidemiology, biometrics, social science, clinical and program evaluation research), the professional leadership in administrative functions (program development, program administration, consultation, program operation and staff development), analysis of patient care systems and programs as well as courses in program evaluation, biostatistics and epidemiology. Primary attention is given to the development of a tutorial relationship with each student. Heavy emphasis is placed on learning to work in an interdisciplinary agency and multiple intervention process system of care. All trainees work in a "live work situation" with full professional responsibility and accountability. In addition, each must complete three program development projects through the stages of need survey, planning programs, gaining sanctions, training staff, operating the program, evaluating it and reporting it.

The second year of training continues the above tutorial and field projects and provides seminars on the advanced problems of administration, consultation, social psychiatry, apprenticeship placement with mental health administrators in action and the completion of the required courses in the department of choice in the School of Public Health.

After one year devoted to the assembly and training of staff and development of curriculum, the program has 13 full-time students and 14 part-time trainees.

The facilities cooperating with the training program include the entire resources of the Department of Psychiatry in which it is located, the Departments of Mental Health, Biostatistics, Health Education, Health Administration, Epidemiology and others in the School of Public Health, the School of Social Work, the School of Psychology and the Departments of Political Science and City Planning with many of these outside faculty members receiving staff appointments. The major affiliation for field work is with the North Carolina State Department of Mental Health with its various local area and mental health center programs providing apprenticeship resources, field work placements and sites for field projects. The Community Psychiatry section is intimately involved with the actual program operations of five nearby counties' mental health programs. Further research is conducted in two rural mental health field stations.

The major significance of this project lie in its provision of specialized multidisciplinary training so that professionals who will work together in the mental health center train together. The project is also attempting to produce critical mental health manpower for a new developing area of mental health care delivery and for which there is a desperate shortage. The uniqueness of the program is felt to lie in its emphasis on the tutorial approach rather than a graduate school model of a "cafeteria of courses". Staff has found that to place a total responsibility and accountability in live work situations creates a much more realistic training setting and so has adopted this philosophy and style of operation in field work placements and field projects.

Major impacts of this program to date have been local in the preparation of some fourteen senior staff members on a part-time basis for nearby mental health centers and the preparation of some nine full-time individuals on duty in Southeastern mental health programs. For three years staff has carried on a program of exchange of materials, teaching outlines, and curricula with

four other well developed community psychiatry training programs in the country for mutual benefit. Copies of curricular outlines have been requested by five other psychiatry training programs, and representatives of three such programs have visited to observe this program.

All but one of the full-time graduates now in the field are now performing in key positions in local or state programs and all five of the psychiatrists who trained on a part-time basis have succeeded to directorships of mental health centers or area programs in this state. Three of the part-time psychologists are now chief psychologist of their respective centers and one has moved on to a university teaching post; one of the part-time social workers trained has become administrator of his local program and the other has become a regional consultant to a state department of mental health.

The training materials developed consist mainly of the following: 1) Program descriptions have been collected of mental health activities conducted in the country including detailed reports of the operation of some 82 mental health centers. All this material has been read, cross-indexed and is available to students and staff as resource materials. This represents a very extensive and expensive investment in the most current knowledge of this new field. 2) A selected bibliography has been prepared on some 20 different areas of mental health programming one of which, on mental health centers, has been adopted by the National Clearing House of Mental Health of the National Institute of Mental Health and duplicated and distributed over the nation. 3) A series of "in-basket" administrative situations has been developed; after further field trial, a report will be published on them. 4) A resource file on mental health operations, backed up by training aid files of specific materials to distribute to students as the end product of some three and one-half years of work of analysis. 5) Students' field analyses and field project reports are now accumulating and are being made available as program development models.

During the course of this project the University has materially expanded its support in terms of space, equipment, supportive services, and state funds for some of the principal trainers. The program's expansion and utilization by the entire Southeastern region is proceeding rapidly.

COMPREHENSIVE COMMUNITY MENTAL HEALTH

Dr. Elaine Kepner
Case Western Reserve University
10950 Euclid Avenue
Cleveland, Ohio 44106
MH-11018 1967-1970

Cleveland College of Case Western Reserve University developed and evaluated an educational experience for mental health professionals in the Cleveland community. The project ran for two years; each year a different multi-disciplinary group came together for 30 weekly three-hour sessions, and for four two-day workshops spaced at bi-monthly intervals. During the two years, 94 mental health professionals from a variety of disciplines were trained; they came from 28 mental health or related institutions. The aim was not only to inform the trainees but to produce organizational change within the institutions from which participants were drawn and to encourage interagency collaboration and coordination.

The professionals were recruited from organizations which are typical of the mental health services of urban communities. These included private and publicly funded in-patient and out-patient services on the child and adult levels, social agencies and several institutions reaching large numbers of the disadvantaged. With the agencies themselves as the primary target of change, staff attempted to recruit a "critical mass" of individuals, not only in numbers but in their power to bring about change. In most cases, several professionals from a single organization were involved, particularly those with policy making, supervisory or training responsibilities.

The curriculum was designed to enable the participants to: 1) broaden their understanding of community mental health and new treatment strategies; 2) change their attitudes and perceptions, both of individuals and of agencies; and 3) acquire new skills as consultants and change agents. Three courses of 10 weeks each were presented: "community mental health"; "new treatment strategies"; and "consultation and organizational change". During the second year of the project, a field work component was added to the curriculum. The participants studied 3 inner-city communities and compiled a report of the implications of their findings for the mental health service system.

In addition to teaching new concepts and practices in community mental health, staff attempted to teach about the process of change. Group exercises and practical

experiences were used in all of the courses when appropriate. Four 2-day workshops provided an opportunity to develop in-depth understanding of the change process. The workshops were devoted exclusively to a study of the training group as a microcosm of the mental health community.

During the second year, two types of "outreach" programs were offered which extended further into the mental health professional community. First, a series of 4 workshops in new treatment strategies was held, 3 in family therapy and 1 in crisis intervention. Another series of 4 one-day conferences were held, the target group being the top administrators of the participating agencies along with representatives of the community mental health planning vehicles. Attendance at these programs varied between 25 and 55 persons, with a core group of 15 to 25 attending three or more of the conferences. The steering committee that planned these conferences still continue to meet monthly, in expanded format, under the name of the Mental Health Exchange.

The training model was unique both with respect to the goal - to produce organizational change - and with respect to the educational model which was based on the human factors approach to change. The human factors model stresses participation and ownership of the change process, the importance of building a climate of trust and the need for learning how to work together more effectively in planning and implementation. While this model had been widely used in changing large systems such as industrial organizations and schools, it had not heretofore been used as a model in training mental health professionals.

Four types of changes occurred:

1. Informational and attitudinal changes - Analysis of data from rating scales and follow-up interviews shows significant changes in terms of individual attitudes and knowledgeability about community mental health. Group comparisons of before and after measures of attitudes and perceptions in the first and second year groups (of 34 and 58 respectively) showed a broadening of interest and understanding about community mental health concepts and strategies and the appropriate roles of local agencies in their implementation.

2. Behavioral changes within individuals, minimal impact on systems - There was no appreciable impact on 15 individuals (16% of the training population) from 11 different agencies. There was impact on the behavior of 13 individuals from 6 agencies, but little or no impact on their agencies. These individuals perceive themselves as functioning more effectively in their present roles and as more outspoken advocates of change, but do not have the power positions in their systems to effect change.

3. Behavioral change in individuals having impact on system - The project had impact on the behavior of the remaining population, 66 persons, sufficient to bring about agency change. Fifteen agencies, or slightly over one-half of those participating, changed programs or orientations to a significant degree, 6 of them in major ways. These changes were of two types: within and between agencies. Examples of changes that occurred within agencies include: increase in consultative and other preventive activities; in-service training for paraprofessionals, volunteers and professionals to extend treatment capability of the institution; training of boards; and, finally, organizational development efforts to broaden the base of decision-making in planning, administration and evaluation. Collaboration between organizations ranged from new arrangements to facilitate patient referral and follow-up to more complex projects involving pooling and/or exchange of resources. Most of these were accomplished through a redeployment of personnel, but two of them have required and received new funding. The change agent capability of any one person or coalition of persons to impact the system was due to a combination of many factors such as: the risk-taking ability of the individual, the power of his position in the hierarchy, and the rigidity or flexibility of his organization.

4. Ripple effects - The training materials developed in the project are anticipated to exert some effect on the continuing education of professionals. About 400 copies of the Report on Three Inner City Communities prepared by the second year group have been distributed and are being used in in-service training programs in mental health institutions and in university courses.

An extensive project report is available. In terms of ripple effects into the larger mental health community, 13 participants have moved into key positions of increased power and influence. The Mental Health Exchange (the administrators' group) still continues to meet as an open forum.

In summary, this innovative educational project succeeded to the extent described

above in its aim of translating individual learnings and attitudinal change into organizational change, consonant with the goals of community mental health. The less tangible effects related to the human factors change model demonstrated two important factors in community change: that people work together most effectively when they develop a sense of trust and colleagueship, and that change is made by people, not just by plans and by dollars. Further, it demonstrated that the mental health professional has the capacity to become a more effective and creative change agent than his traditional role in the system usually permits.

ADMINISTRATION OF COMMUNITY MENTAL HEALTH SERVICES

Dr. Sidney Mailick
Institute for Child Mental Health
120 W. 57th Street
New York, N.Y. 10019
MH-11207 1968-1973

The curriculum in administration of Community Mental Health Services is a new program of education and training for administrators of community mental health services. This effort, begun in 1968 under a grant from NIMH, was designed to provide a major advance in the administration of mental health services by imparting to key professional groups increased knowledge and critical understanding of objectives as well as of technologies needed to implement community mental health programs. The curriculum was conducted by the Institute for Child Mental Health, located in New York City.

The curriculum, which emphasized the newer behavioral sciences, was tested and developed through successive years of instruction and application, and was structured into three major sequences:

I. Generic Administrative Theory and Practice
II. Planning and Organizing the Community Mental Health Service
III. Problems of Operation and Integration: In this sequence, the attempt was made to integrate and achieve a fusion of the separate strands of the first two sequences by focusing on operating administrative problems.

With regard to program format, sessions were held on Saturday mornings and Wednesday afternoons.

Sequences I and II ran concurrently for twenty weeks on Saturday mornings and late Wednesday afternoons, i.e., for 40 two-hour meetings. Sequence III ran for ten weeks meeting for two hours on Saturday mornings. Instruction began in October and extended through May of each year.

Individual tutorial sessions were also held before or after the conference sessions with those participants who felt a need for them.

The faculty was composed of individuals representing competence in training and education in nonstructured settings. They were knowledgeable about generic administrative process, with special reference to the community mental health field and represented interdisciplinary and multidisciplinary combinations of competencies, e.g., menagement experience in the community mental health field as well as understanding of the behavioral sciences and of administrative process.

The participants, during the three years of the program, consisted of fifty-one persons employed in community-based mental health services.

Workers from various professions, i.e., psychiatrists, psychologists, social workers, social scientists, educators, and public service administrators, were included in the group.

Candidates participated on a part-time basis, remaining in their employment while attending the seminars, workshops and conferences.

A profile of the participants reveals the following information: the average age was 42; there were 22 women and 29 men. Twelve were M.D.'s; 5 had Ph.D.'s; 13 had Master's Degrees; 26 had the M.S.W.; 4 had Bachelor's Degrees; and one trainee was an R.N. Twenty had between one and five years of experience; the remainder had longer administrative experience.

While funds did not allow for a systematic before and after controlled study of the impact of the program, questionnaires filled out by the participants attested to a significant degree of program impact. In general, the enthusiasm and morale of the group was extraordinary. Year after year, attendance held up very well and the reactions and comments of the participants were consistently positive.

In addition to the reactions of the

participants, the reactions of the field as a whole, as expressed in requests for additional activities and training programs, also attested to the positive impact of the initial years of the program. For example, the Community Psychiatry Division of Columbia University asked the Institute to contribute the sequence on generic administrative theory and, in addition, the Institute is conducting specialized programs in administration and management for individual agencies, such as the New York City Department of Mental Health and Mental Retardation Services.

The instructional method which predominated was the lecture-seminar. This was especially true in the first two sequences on General Administrative Theory and Community Mental Health Administration. However, in Sequence III the attempt was made to synthesize and integrate the materials of the first two sequences by having the participants prepare a series of case studies and in-basket exercises to use as the basis for discussing operational problems. These learning materials were extremely useful as they allowed the instructors to focus on real problems and issues confronting the participants in their day-to-day administrative roles.

The individual tutorial sessions also served a related purpose. Many of the participants used the tutorial sessions to unburden themselves of anxieties which they felt regarding administrative problems or crises which they were facing and which they were unsure about in terms of methods of handling. While at times, the coordinator during the sessions could offer little more than reassurance or general support, at other times he, or one of the appropriate instructors, did try to offer suggestions based directly on the theoretical or practical work of the conference sessions.

Review of available information of related programs affirms some of the unique emphases which characterize this curriculum. It acknowledges the common roots of the mental health function, generic administrative principles and practices and the behavioral sciences. This approach has the value of allowing the mental health administrator to see himself in the context of over-all administration, with the consequence of his then having access to solutions and problem-solving techniques developed in other administrative settings which might be applicable to his problems and decisions.

THE MENTAL HEALTH URBAN GENERALIST

Dr. Roy J. Jones
Howard University
2400 Sixth Street, N.W.
Washington, D.C. 20001
MH-12155 1970-1974

The major objective of this project is to offer an interdisciplinary master's degree program aimed at equipping the mental health worker and other human service workers with the skills required to deal effectively with urban social problems. Such skills and competencies include specialization in mental health program planning, program administration, program operations, research and evaluation.

The program began the second semester of the 1969-70 academic year. There were eight full-time students enrolled with an additional six students from other schools and departments. It is anticipated that thirty students will be enrolled in the program the next academic year. At least fifteen of these students will be enrolled full-time and will be receiving support under the grant from NIMH.

It is of interest that the level and quality of student that the program has been able to attract thus far are of a high level of competence. The majority of them have had prior work experience in programs concerned with urban social problems.

The program has received the endorsement and cooperation of the Central Administration of the University, the Graduate School and several other schools and departments within the University.

Commitments have been received from public and private health and welfare agencies and organizations to actively participate in the effective implementation of the program. Included among the agencies and organizations from whom commitments have been received are: community mental health programs, the Model Cities Program, the public schools of the District of Columbia, the Department of Public Welfare, the Juvenile Court, the Washington Center for Metropolitan Studies, the United Planning Organization, the Mayor's Manpower Administration, the Mayor's Youth Commission, the Washington Urban League, the People's Involvement Cooperation and the Model Inner City Community Organization.

Seminars and classes are held both in formal and informal settings including institutions, agencies, community facilities and homes of

faculty members. Adult education techniques are utilized, requiring active participation of the student in the learning process. Two-way communication forms are an integral part of the basic education philosophy of this program, with limited use of one-way forms of communication such as the traditional lecture method. Auto-instructional techniques, however, are developed by students and faculty not only as basic research and educational concepts but for use as ancillary teaching methods. Other innovative training methods include the use of computer games aimed at including the relevant variables in planning a comprehensive program and relevant simulated exercises on urban social problems.

A core seminar is perceived as being very crucial to the effective implementation of this interdisciplinary program. It is desired to provide the opportunity for maximum student-faculty, faculty-faculty and student-student interaction.

The seminar is to be held at regularly scheduled two-week intervals and all fellows will be required to participate.

It is within this context that multi-disciplinary approaches to mental health intervention methods, planning models, curriculum and research methods will be reviewed and developed.

Persons completing this program will be equipped with relevant academic and practical knowledge and skills to begin to function immediately as mental health program planners, program administrators, program operation personnel and/or researchers.

There is not only a shortage of this type of mental health professional, but many of the persons currently performing these roles do not have adequate educational backgrounds - mainly because no such educational experience was available to them, to meet minimal much less maximum performance requirements.

The impact of bringing together an inter-disciplinary team to focus on urban social problems in the nation's Capital cannot be over-stated. It is anticipated that this program will have an invaluable effect on relevant problems facing the nation and the local community.

The proposed field experience, the utilization of community persons as faculty guest lecturers and seminar participants, the recruitment of students from among persons currently employed in related fields will contribute greatly to the closing of the hiatus between academic training and the demands, placed upon the recent professional school graduate.

Many of the students currently enrolled in the program have already obtained jobs in training and on a consultant basis as a direct result of their learning experience in the Urban Studies program.

In April the Howard University Center for Community Studies, the recipient of the NIMH Grant, hosted the first annual conference of the Council of University Institutes on Urban Affairs. The conference focused on current issues confronting university urban affairs programs. During this three-day conference, speakers and small work groups paid particular attention to (1) undergraduate, graduate and community education programs; (2) administration of urban studies programs; (3) problems of working with, or for government and community groups; (4) research issues and programs; and (5) urban studies centers and environmental quality. The students in the Howard University Urban Studies Program were active participants in several phases of the conference.

In cooperation with the International City Management Association (ICMA) and the Washington Council of Governments in the Washington Metropolitan area, the Center has developed a professional training program in city management.

Students enrolled in this program will work half-time in one of the local municipal governments, the remainder of the time will be spent on didactics. These local agencies will provide a learning experience for the student which is directly related to the specific function of managing urban governments. The program is currently limited to six entering students. The current program is supported by the training division of the Department of Housing and Urban Development. The program will contribute to the solution of the black manpower problem in city management.

During the past academic year the Center for Community Studies completed an evaluation of the Basic Adult Education Demonstration Program of the Public Schools of the District of Columbia. This project was supported by a grant from the U.S. Office of Education to the District of Columbia Public Schools. Urban Studies students were employed as interviewers and research

assistants on this project.

A second grant was awarded by the District of Columbia Public Schools to evaluate the Anacostia Community School Project.

The evaluation is aimed at providing data that will strengthen the program as it becomes operational as well as measuring its effectiveness. Urban Studies students are employed in instrument development and data collection.

The staff of the Center for Community Studies recently completed a report which included recommendations for university-wide involvement in urban affairs. This report received enthusiastic endorsement by the University.

Section 9.

PHARMACISTS

HUMAN BEHAVIOR FOR STUDENTS OF PHARMACY

Dr. G. Dwaine Lawrence
University of Southern California
School of Pharmacy
University Park
Los Angeles, California 90007
**MH-12301 1970-1974

This project is designed to develop and provide a required and specific course of study in Human Behavior for all senior students of Pharmacy at the University of Southern California. This course will emphasize genetics and behavior, personality development, social ecology of behavior, deviant and maladaptive behavior, pharmacology and behavioral alteration, the patient-helper relationship, hospital and other organizational behavior, and culture and behavior. The Clinical Clerkship program will complement the course in Human Behavior. This course of study in Human Behavior is essential to training the pharmacist if he is to become fully effective in understanding the needs of and in providing the proper professional services to the mentally disturbed patient.

The key and inseparable objectives of this program are to develop a new role image comprising more functions for pharmacists, and to prepare pharmacologists for the new role and additional professional functions as health educators and consultants regarding drugs - prescription and otherwise.

The curriculum already contains several courses prior to the senior year which are directly relevant to the program, and there is and will be considerable work going on to educate pharmacists in the community who will serve as preceptors for the pharmacy students.

Preliminary planning and work has gone into the development of this program over the last few years.

This new role and self-image in one sense reflects a full cycle. At a much earlier time the physician actually served as his own pharmacist prescribing and filling prescriptions; then this function of the physician was gradually given to the pharmacist to relieve the physician for other functions. The emphasis in this program upon returning some of the "doctor-like" functions to the pharmacist is based upon the belief that the amount of training required to turn out a pharmacist is far too great to have him spend the rest of his life simply filling prescriptions, which with modern technology can be done very competently by a technician. The focus on the new role image means that the pharmacist would spend less of his time actually filling prescriptions and more of his time in a teaching health educator role.

Section 10.
DEVELOPMENT OF A MENTAL HEALTH CURRICULUM FOR TRAINING OF THEOLOGICAL STUDENTS

Rev. V. V. Herr
Department of Psychology
Loyola University
Chicago, Illinois 60626
MH-6404 1956-1962

This project was an interdisciplinary approach to the study of the role of religion in mental health, in an attempt to make better use of the behavioral sciences in the training of priests and ministers. Schools of the three major faiths worked together, with projects conducted at Harvard Divinity School, Yeshiva University, and at Loyola University of Chicago. It is a unique project in the sense that nothing like it had been done by the churches before, and certainly not with government support. Over 150 major Catholic theological seminaries cooperated in this pilot study and received all of the results of the study progressively from the years 1962-1967.

The Loyola project aimed to prepare and present materials and methods that have been developed in the behavioral sciences to assist in the training of clergymen. The final result would be that clergymen, in their role as clergymen, might contribute in their own unique way to the mental health of the nation. All these seminaries declared themselves willing and eager to accept newer methods of training, when and if their efficiency had been well established. The three main objectives of the program are: 1) the preventive aspects of mental health, 2) aiding the actually mentally ill through skillful use of techniques of referral as well as through religious resources, and 3) fostering mental health through encouragement of the type of training that will guarantee the most adequate development of each individual personality.

Project workers realized very early that the precise role of the clergyman would need clarification. Thus, many subsidiary projects soon assumed important proportions in the total study. These were: to ascertain what attempts are being made by seminary heads and teachers toward clarifying the role of the clergyman in maintaining mental health; to learn what satisfaction seminarians have received from existing training methods and what steps are being taken to evaluate and to improve the situation; to ascertain what knowledge clergymen in general have with regard to the goals and methods of the ancillary mental-health disciplines and what kind of screening of candidates for the ministry are being used.

It should be noted that the advisory board for the Loyola project had representatives from the following disciplines: theology, psychiatry, medicine, psychology, sociology, anthropology, education and administration. Existing agencies, in the mental field, directors of institutes and workshops in mental health, and seminary heads also cooperated.

The Loyola Project was actually a continuation of a counseling program for clergymen which had been begun by the Archdiocese of Chicago five years prior to the beginning of the NIMH project. This same counseling program continues to function at Loyola as part of university training for clergy as well as lay persons.

As is well known, Vatican Council II made a thorough study of Catholic seminaries all over the world and at this Council one of our Loyola Project workers, Reverend Charles A. Curran, acted as an expert consultant for two years. The director of the project, the Reverend V.V. Herr, S.J., was also called in during the closing sessions to confer with the Council representatives in regard to the curriculum for training seminarians. Therefore, it is obvious that the study done at Loyola is having national and even international repercussions. Almost all of the rectors of the cooperating major seminaries asked for and received copies of the course materials. They also sent in very helpful comments in regard to their own reactions and these were incorporated in the revised editions. The project director attended the National Education Assoc. meetings every year from 1962-1967, and addressed the rectors of all the Catholic seminaries concerning the project.

Within two years of the completion of the project, five books have been published, describing the course content which our project recommends for seminarians. One of these books, prepared by the codirector of the project, who was a priest psychiatrist since deceased, has received the widest circulation. Several of the books will be published in foreign languages.

The Loyola project is probably responsible, at least in part, for several newer projects of much wider scope in the United States within the last two years. One of these is supported by the National Council of Bishops; it will last three years and will evaluate the personality of Roman Catholic clergymen in terms of efficiency and creativity in promoting mentally healthy religious life. Another project, supported by members of different religious orders, evaluates the selection processes now being utilized by

religious sisterhoods. Of course there is a double aspect of this selection; namely, to protect the religious themselves from becoming mentally ill, and to aid them in fostering better mental health among the children and others entrusted to their care.

Loyola University has received an additional grant for modernizing the program of counselor training.

DEVELOPMENT OF A MENTAL HEALTH CURRICULUM FOR THE TRAINING OF THEOLOGICAL STUDENTS

Samuel H. Miller
School of Divinity
Harvard University
Cambridge, Mass. 02238
MH-6406 1956-1961

The project was set up to investigate training Protestant seminarians in mental health theories and practices; the training involved was thought useful both for its own sake in sending out to the seminaries and churches men grounded in mental health work and for its function as a laboratory in curriculum study and the development of methods and texts.

Approximately 20 Ph.D. candidates were trained in the field of religion and mental health. Approximately 40 B.D. candidates worked in field education projects in religion and mental health. And approximately 120 students (primarily B.D.) took part in classes and seminars on the subject.

The project resulted in the following books:

The Ministry and Mental Health
Hans Hoffman, Association Press, 1960

Making the Ministry Relevant
Hans Hoffman, Scribner's, 1960

The Abnormal Person and His World
Paul J. Stern, Von Nostrand Press, 1964

Religion and Mental Health
Hans Hoffman, Harper (& Row), 1961

The fourth of these books is a text developed especially for use in seminaries and divinity schools.

Within the Divinity School, the growth and professionalization of the field education program to its present position (by vote of the faculty this spring) as a two-year requirement within the B.D. program; the current capital drive to endow a chair in pastoral counseling; the new involvement in training for clinical psychology throughout the University as recommended by report of a special committee appointed by the President; and the calling of Dr. William R. Rogers, associate professor of psychology and religion and associate dean of Earlham College, as a visiting lecturer next spring term - all these are only a few among the many indications of the project's continuing influence.

TRAINING PROGRAM IN MARRIAGE AND FAMILY FOR CLERGY

Rabbi Fred Hollander
Yeshiva University
55-5th Avenue
New York, N.Y. 10033
MH-6407 and 1956-1967
MH-7448

In 1956 the NIMH awarded Yeshiva University a grant to develop a pilot training program for the purpose of evolving mental health teaching materials for clergy (parallel grants were awarded simultaneously to Harvard and Loyola Universities).

In 1962 the NIMH awarded a second pilot training grant to develop a program in Marriage and Family for clergy. (This project was carried forth in cooperation with Harvard Divinity School and the Department of Psychology at Loyola University, represented by the late Dean Samuel Miller and Dr. Leroy Wauck, respectively.)

When the Yeshiva Project first addressed itself to this task, it was with the intention of attempting to evolve mental health teaching materials. After considerable effort in this direction it became evident that this process would not result in the evolvement of a definitive educational program for clergy because two basic conditions were not met.

First, there does not exist among religious and mental health educators a commonly defined conception as to the nature of the clergyman's role in mental health. This applies also with respect to the clergyman's role in such special mental health areas as marriage counseling and pastoral counseling. Secondly, there does not exist a source of mental health knowledge commonly accepted as a specific source of subject matter out of which course materials for clergy could be developed.

The Yeshiva Project determined that its major function was to examine several basic issues and through some objective methods, including consultation with religious and mental health educators, arrive at some formulations with respect to these issues. The Projects' formulations are as follows:

The clergyman's role with respect to mental health is to make available the resources of religion in a manner that they can serve as a motivating force in assisting the individual to cope more effectively with his mental health problems.

What this implies can best be appreciated when contrasting to the view of some religious and mental health educators who see a clergyman's role in mental health as that of a helper to those seeking assistance for their mental health problems. According to the Yeshiva Projects, this general definition makes the professional function and education of the clergyman indistguishable from that of the mental health worker. What is more, this open-ended conception role is not in consonance with the position of leading religious and mental health educators who feel that the clergyman's mental health role has to be of such a nature that it reflects his vocation as religious and spiritual leader and guide to his people.

The basis for the clergyman, as a religious and spiritual leader having a role in mental health, is rooted in two premises: (1) that values, in addition to their social and cultural significance, have a psychologically demonstrable role in determining the degree to which an individual will be able to effectively cope with the incapacitating effects of stress, internal, as well as external; (2) that religion is recognized to be a repository of wholesome and positive life values. Thus, in terms of its ideals, concepts, moral and ethical principles and philosophy of existence, religion reflects values relating to all aspects of the human condition which are presently recognized to be wholesome when measured against the broad criteria of mental health and mature living.

In order that the clergyman become capable of utilizing religiously-derived values as his specific contribution to the management of mental health problems, he has to be educated in two areas of knowledge: 1) A comprehensive understanding of religiously-derived values in terms of their mental health significance, and the relationship of these values and their helping potential to people dealing with the range of stress situations that confront the individual in the course of daily living; 2) knowledge in the mental health sciences.

The task involved in making such clergy programs available, according to the Yeshiva Project, is a multi-faceted one involving the following steps: (1) In the seminaries the educational programs have to be so designed and structured that the theological student will cultivate an appreciation of the values implicit in religious resources in relation to their potential significance in assisting people, both in the area of prevention and the management of mental health problems. (2) With respect to the mental health sciences, it is necessary to evolve subject matter in mental health which will provide the clergyman with the capacity to understand the place and relevancy of his resources in the management of mental health problems. (3) A field work and clinical program must be designed specifically to provide the clergyman with the type of practical experience that he, as a clergyman, requires to develop the skills necessary for the effective communication of his resources.

It was Yeshiva's conclusion that the clergyman's capacity to participate in the area of mental health is not only determined by the degree to which he is capable of using his resources. In addition to training the clergyman, it is necessary to provide the mental health worker with an orientation relative to the clergyman's mental health role in order that he be able to cooperate with him.

In addition to arriving at these basic formulations relative to the task of developing a mental health education program for the clergy, the Yeshiva Project has made the following contributions to program development: (1) Determined the basic characteristics of knowledge in the mental health sciences and field work experience to serve as the basis for developing the necessary teaching materials. (2) Delineated the categories of religiously-derived values which would be of especial significance for clergy to communicate. (3) Outlined the type of program to be made available to mental health workers to enable them to make optimal use of the clergyman as a resource person in the management of mental health problems. (4) Communicated its findings to leading religious and mental health educators relative to the task of mental health education for clergy and underscored the need for a refocusing of seminary education to achieve this end. (5) Obtained the support of religious and mental health educators capable of utilizing Yeshiva Projects' conclusions to formulate a focused mental health education program for clergy.

PASTORAL COUNSELING PREPARATION FOR RABBINICAL STUDENTS

Rabbi Bernard Mandelbaum
Jewish Theological Seminary of America
3080 Broadway
New York, N.Y. 10027
MH-8040 1963-1966

The purpose of this program was to develop and to test a curriculum and testing procedures for instruction of rabbinical students in pastoral counseling.

Since the program began in September 1963, seven classes of approximately 25 students each has been graduated and most of these students have completed the training program. The program runs three years. In addition there are two classes currently enrolled.

Students are all college graduates and full-time students in the Graduate Rabbinical School of the Jewish Theological Seminary of America. Most will go on to congregational work. A few plan to remain in academic life. The course was initially required of all students planning to undertake congregational work, but in 1969-70 there was a revision of academic requirements. At present only the introductory series of lectures is required while the rest is optional. Despite the change, almost all of the students continue to take the full course.

As presently constituted, the training program includes two semesters of class at the rate of two hours a week. This classroom work may consist of lecture, recitation or seminar discussion. There is a full year of service in a community service organization, to which the students are expected to give two hours or more of work each week. Here, under supervision, they participate in the care of individuals seeking help, and are instructed by both the personnel in the institution and our own faculty. This includes some of the large social service organizations in New York City, homes for the aged, homes for the blind, hospitals, and also a counseling service developed within the department.

The first required lecture series includes basic introductory material, such as the psychology of normal behavior, child development, and gross psychopathology. The second series of lectures which is optional but popular, includes lectures on group psychology as it pertains to the religious congregation, techniques of counseling, psychologic valence and significance of religious ritual and belief, and the rabbi's role in the prevention of mental illness.

In their agency placement, students are expected to come to grips with the experience of dealing with individuals in trouble, to learn to analyze their problems, to formulate a plan of assistance and to carry it out. Because all serve in specialized agencies, one session per month is provided to permit students to exchange experiences and, with the assistance of faculty, to relate their practical experience to the didactic material which they have learned. Last year the department conducted for the first time a seminar meeting weekly for two hours, dealing with current problems in such areas as sexual behavior, abortion, drug abuse, and suicide. This was entirely elective but drew a large number of students and some alumni.

Using the rabbinical members of the faculty of the department in the seminar discussions has improved the teaching. The rabbis were able to describe their own counseling experiences. Since they are rather distinguished within the rabbinical community, the students regarded them as role models, and then, as was subsequently learned, when they began their congregational work, they involved themselves in counseling with some interest and some ease.

The impact of the program upon the community is difficult to assess. However, it is known that the program exerts considerable influence upon the graduates and some influence over the entire rabbinate in the Conservative Movement. One graduate upon accepting his first position in a new community, immediately proceeded to mobilize community support and then to organize a community mental health center.

One of the unexpected but fortunate effects of the program has been a shift in the attitude of the social service organizations to which students have been assigned, not only toward the students but toward cooperation with the clergy in general. When the program began, a good deal of both overt and covert opposition to the idea of any kind of clerical involvement in counseling was encountered. However, the students have demonstrated to the workers in these institutions that they could be helpful in specific ways. Staff believes that a change in attitude on the part of social service organizations can be seen. One evidence of the change is that whereas at first it was difficult to find enough placements for students, now the institutions are vying with each other to have students assigned there.

8864

Most of the graduates assume positions as congregational rabbis. As such they utilize the counseling skills taught in the program. Some students, before graduation, function as leaders and organizers for the youth organizations, summer camps, and campus groups. Here they utilize the skills which they have been taught.

One of the developments is the creation of a counseling center within the institutional walls.

Departmental faculty has been active in disseminating information about the program to both professionals and laity within religious Jewish institutions in general and the Conservative Movement in particular. Staff has addressed conventions of the Rabbinical Assembly, meetings of lay groups, teaching programs of military chaplains, social workers, social service educational programs and religious school principals. Professional papers have been presented at meetings of social workers, general practitioners, and other professional groups. Papers have been published in the N.Y. State Journal of Medicine, the Journal of Jewish Communal Service, and Conservative Judaism. Staff is in constant and close touch with alumni, teaching them in intramural postgraduate sessions, and sending out instructive sample case records with analyses and other material several times a year.

Following the termination of the grant in 1966, private sources of funds have been tapped to continue and to extend the teaching program.

ADVANCED TRAINING IN PASTORAL CARE AND COUNSELING

Rev. Thomas W. Klink (Deceased)
Department of Education
The Menninger Foundation
Topeka, Kansas 66601
MH-8211 1963-1967

Program objectives were primarily to increase significantly the availability of mental health care by the training of clergymen as skilled paraprofessionals in mental health care. The specific program objectives were: (1) to offer each trainee an opportunity for supervised clinical experience; (2) to introduce the trainee to both basic and advanced concepts of personal counseling, conjoint marital counseling, detection of serious mental illness, theories of personality, and understanding of the contexts in which clergymen and mental health professionals live and work; (3) to introduce trainees to concepts of consultation with other mental health professionals; (4) to begin with the trainee a process of educating him in the skills of supervision.

During the time in which support from the National Institute of Mental Health was received, 48 persons were trained. The program has continued without NIMH support, and at the present date one hundred persons have been trained. In its present form, the training program has been in operation since August 1, 1964. Trainees were required to be clergymen with at least three years experience past formal certification of their status as clergymen, or nuns with at least three years experience past their final vows as religious women. The average number of applicants each year has been one hundred, from which an average of twelve has been selected. Trainees have included clergy and religious of the Roman Catholic Church, of all of the mainline Protestant denominations, and one Reformed Rabbi.

The teaching and educational resources of the entire Menninger Foundation cooperated in the training program, as well as the clinical services of the Menninger Foundation. In addition to these, there were a number of other cooperating institutions and agencies.

Academic components of the training program included two didactic sequences, one focusing on underlying theory (personality theory, theory of social systems, relationships of theology and psychiatric theory) and the other focusing on specific clinical theory (theory of marital counseling, theory of pastoral counseling, leadership training, organization of groups and institutions for caring purposes). Each trainee participated in a group dynamic sequence together with trainees in other professional programs at the Menninger Foundation. There was a weekly case conference focusing on the work of a particular trainee with a given client. Heavy emphasis was laid on the use of video taped materials prepared by students in their work with clients and parishioners. Each training year was 11 months long, beginning with a two-week orientation period. The unique factor in this program is the location of each trainee in a non-clinical setting. All other such training programs, at the time of the inception of this program, placed the trainee in clinical settings.

Two major role models were used. The primary role model was the parish pastor. Here the trainee was taught that he could operate as a mental health paraprofessional within the limits of a role model already familiar to him. A second role model developed, however, as some trainees displayed an interest in new and more unusual forms of ministry. This was the model of the minister in the mental health setting. Models were avoided which denied the relevance of the original role expectations of the minister.

Approximately one-half of the graduates from this program have returned to the parish ministry. The other half have undertaken specialized ministries as members of staffs of mental health centers and hospitals. In both these groups, a significant percentage - about one-third in each group - have undertaken extension of the model by becoming supervisors themselves, both in parishes and in mental health settings. The increase of the community mental health center model in many communities has opened a new potential opportunity for graduates of the program. In addition, some trainees in returning to the parish have organized their parishes along lines of special ministry.

This project demonstrates that clergymen can make significant use of additional skill training in operations which remain within the context of ecclesiastical life but which are also relevant to the mental health needs of a wide variety of populations. It demonstrates that the local church, with proper leadership, does in many cases become a primary source of mental health assistance to persons sensing themselves to be in trouble, and that the leadership resources of the leading clergymen can in many cases become a part of the ministries of lay people within the congregation. It is also significant that the properly trained clergyman, in a significant percentage of cases, becomes a trainer himself, usually through the medium of advanced training in supervision. At the inception of this program, no other training agencies considered the parish to be a proper setting for training. Through the influence of this project, however, the usefulness of the parish as a training setting has been increasingly widely accepted, and programs using models which differ in some respects have nonetheless come to adopt this portion of this model.

Graduates of this program are operating in three foreign countries, as well as in every major geographical region of the United States with the exception of the Southwest. As a side effect of this program training of various ecclesiastical officials has begun, in particular those of the United Methodist and United Presbyterian Churches. As suggested above, this program has had some influence in modifying practices in other clinical training institutions, and in taking training in part out of purely clinical and pathological oriented settings to a wide variety of settings which deal with "normal" populations. In the local community, lay members of churches have come to accept both the presence of counselors on church staffs and their own mental health responsibilities. In several individual cases, the resources of a group of people have been mobilized, both on emergency and on ongoing bases, to meet the mental health needs of persons in crisis situations. Graduates of this program are increasingly involved in the direction and conduct of regional workshops, particularly in the midwest, designed to help a wide variety of ecclesiastical administrators to be more sensitive to the needs of local pastors both for training and for personal support.

New training programs, adopting some or all of the model, have been established in at least six other settings throughout the country. In addition, programs not designed directly for training, but designed rather for consultation and support of clergymen in their current roles, have been established.

Graduates of this program work under a wide variety of titles, including the following: chaplain of a mental hospital, chaplain of a general hospital, minister of the staff of a mental health center, chaplain of a college, counselor to a province of religious women, pastor of local church, minister of counseling on the staff of a local church, ecclesiastical administrators of various kinds, professors of counseling at seminaries, chaplains in industry, Presidents of seminaries, directors of field work, and others. One failure in this program, as staff sees it, has been that only a few of the graduates have exercised influence on the field through the medium of professional publication. Although staff contributes regularly to professional journals, and publishes professional books in the field, only three of the graduates have published professional articles. Steps have now been taken in this program to demand the development of writing skills as a part of the program.

The staff engages in publication on a regular basis, and in the usual exchanges of information at professional meetings. In addition, both the staff and the trainees have been used in at least fifteen different consultative operations during each year that the program has been in operation. Opportunities for "students in residence" have been extended to professors, other teachers, and chaplains in the field, and these opportunities are regularly used.

A COMMUNITY PROJECT IN MENTAL HEALTH TRAINING

Dr. John A. Whitesel
Indiana University Medical Center
Indianapolis, Indiana 46202
MH-8572 1964-1967

The overall objective for this three-year project was to bring together and train clergy and others of allied mental health disciplines toward collaboration of individual and community mental health problems. The aim for curriculum development was to incorporate substantive and facilitative features so that members of each discipline would work on theory and practice in their collaboration within their home communities. Key communities were selected in a variety of areas within Indiana to increase mental health manpower in rural and urban settings.

Six cities were selected as administrative centers. They provided access to rural and urban problems, varying degrees of sophistication in the organization of mental health resources and were located in different areas of the state under the Department of Mental Health. These cities were also centers to which clergy from surrounding communities normally go for mental health assistance.

Seventy-eight clergymen from twenty-three Indiana communities and eighteen persons from the disciplines of medicine, psychiatry, social work, and psychology participated. Six clergymen were appointed to staff positions for training in administration, curriculum development and application, and to assist in the supervision of clergy enrolled. Subsequently all were employed by institutions or agencies interested in clergy trained as mental health workers. Three eventually became certified clinical pastoral educators and now have continuing education programs for clergy.

In each of the six cities a local sponsoring committee was formed to assist the staff in the use of community resources and for enrolling clergy and others of allied mental health disciplines. In each the program lasted one year. The curriculum opened with orientation seminars. These were followed by a week of clinical studies in a medical setting and on the last day the participants elected a curriculum committee to select future topics based on local mental health problems. These were scheduled for triweekly seminars in their home community and for the second week in the medical setting three months later. This was followed by another three months of seminars in the home community. Each clinical week was scheduled at Indiana University Medical Center. Nearby participating facilities were Methodist Hospital of Indiana and Central State Hospital.

Among factors considered to be significant by the staff was the collaboration between clergy and community resource persons in developing a curriculum based on local contemporary community mental health needs. It was felt this contributed to several developments after the program terminated. In one community a counseling center was developed, in two other locations seminars continued and in all better relationships were effected between agencies and the clergy. Another factor was the assistance of community agency supervisors in three mental health agencies in the first city to devise case reports for use by the staff in teaching. These were written to train the clergy in the recognition of symptoms warranting referral or consultation. Other teaching methods included role playing, pastoral case reports and individual supervision of pastoral methods. In general, traditional elements in clinical pastoral education were applied successfully in linking established training centers with community situations some distance away. This combined intensive supervision in controlled environments and interdisciplinary consultation and supervision in the local environment.

In addition to the above local effects the project became a stimulus for the project conducted by Christian Theological Seminary, Indianapolis; with staff serving as consultants in the development of this program; and in leadership capacities.

Brief notices of the project were published in four journals. Seventy-six requests for the final report, some requesting the curriculum materials, have been filled. These came from twenty-nine states, Canada, Belgium and Scotland. The majority were from mental health centers; some from pastoral counseling centers, foundations, universities and individual clergymen. In addition, three articles have been published by lecturers in the program.

Some of the findings raise implications for effective utilization. The local Sponsoring Committee was necessary for supporting promotion. It served best when composed of leaders of diverse religious elements and agencies within the community. These leaders should have followers who accept the objectives to be achieved as a common denominator

to diverse local tensions regarding mental health problems. During development and orientation careful selection of participants from other disciplines is necessary to enlist them as collaborators rather than as teachers of the clergyman. The development of a curriculum committee elected by the clergymen themselves reinforces motivation to learn and assures representation of various existing mental health problems. Where clergy from "sects" predominate in the group, more prepared or substantive curriculum material is needed. Where "mainline" clergy are enrolled facilitative learning can begin early and substantive material can be reduced.

INTERNSHIP FOR CLERGYMEN IN URBAN MENTAL HEALTH

Dr. Robert Bonthius
Cleveland College
Case Western Reserve University
Cleveland, Ohio 44106
MH-10310 1965-1970

This Project has developed and tested a curriculum to teach clergy how to deal with the structural sources of mental and physical illness. It included specific goals of in-depth sensitization to urban problems, skill development in analysis and strategy, ability to identify and use community resources, skill in mobilizing groups of people for action, and role clarification both of themselves as clergy and of their religious institutions in relation to environmental health.

Fifty-six clergymen from 13 denominations have been trained in a period of four years, 41 in a 32-week course and 15 in a 16-week program. They were recruited from Protestant and Orthodox denominations and the Roman Catholic Diocese with help from an Interfaith Clergy Advisory Committee. Preference was given to clergy in the Greater Cleveland region for research purposes. These clergy came from both suburban and inner city communities. The eligibility requirements were four years of college, three years of Seminary and two years of experience as ministers. These requirements were waived in a few cases to include more black clergy and members of other minority religious groups. Fifteen or 27% of the interns were black. The average age was 38.

The educational methodology has been one of engagement-reflection. Engagement, designed to take up one half of a five-day week, involved direct encounter with the victims, change agents, decision-makers, and experts in a range of problematic areas, such as poverty, housing, youth, education, employment, health, aging, police-community relations, and institutional racism. The remainder of the curriculum was organized for interdisciplinary reflection, in order to gain understanding, define goals, plan strategy, and develop professional competence as change agents within community and religious institutions.

Several instruments were developed for social problem analysis and strategy. Specific training components included: anonymous plunges into problematic situations; seminars for instruction, reflection, and collaboration; task force development in specific problem areas; feedback designed to help in curriculum development and collegial practice; group process labs; written monographs and reports; and individual consultations with staff.

The role model used included the capacity to participate in conflictual situations and to take calculated risks; to collaborate across disciplinary, religious, social, and class divisions; to define social problems accurately, set realistic action goals, and plan effective strategy; and to relate one's religious tradition and institution to specific problematic situations.

The significance of this Project was its emphasis on the environmental character of urban mental health and the recognition that clergy and religious institutions can play an important role in effecting the structural changes which are necessary to improve community health. The Project also developed a methodology of action training which could be applied to other professional and community groups which seek to effect environmental change.

This Project has played a major role in the formation of the Action Training Coalition, an association of twenty action training agencies in the United States, Canada and Puerto Rico, which offers training resources for the humanization of systems and institutions. In Ohio it has joined with trainers in Columbus and Cincinnati to organize a state-wide Action Training Network. This Network has done training in two Protestant denominations to eliminate racism from church structures. A third training contract will involve faculty from three seminaries who are concerned with curriculum reform as it relates to social conditions and the need for structural change.

As part of the Action Training Coalition, this Project has shared its methodology and learnings with three national groups related to the education of clergy: the American Association of Theological Schools, the Association of Clinical Pastoral Education, and the Society for the Advancement of Continuing Education for the Ministry.

A direct outcome of the Project locally is the organization of Community Action Training Services of Northern Ohio which will be funded by grants from Protestant denominations and contracts with both church-related and non-church groups engaged in systemic change actions. Methods and materials from the Project have been utilized in 27 short-term in-service training events with a range of religious and community groups over the past four years.

The Project participated in the Research on Training for Metropolitan Ministry in cooperation with the Urban Training Center of Chicago and the Metropolitan Urban Service Training Facility of New York. This research was funded outside of the NIMH grant and was carried out by the Ministries Study Board of the National Council of Churches. Its findings are being organized in a final report by the authors, J. Alan Winter, Project Director, and Edgar W. Mills, Jr., to be published in 1970.

Thirty of the 56 graduates of the Project now hold key positions in local congregations, specialized ministries in their denominations, and in community service agencies. Sixteen are involved in training or supervising others. Seven have initiated similar programs. Eighteen have shifted in their professional function. Twenty-nine have had an influence on their field.

One significant outgrowth of the Project is the organization of Black Action Training in Cleveland, Ohio. It was developed by six black graduates in consultation with Project staff, and it has recently received a large foundation grant to train clergy and laity from black churches for effecting institutional and social change.

An Action Development Form has been developed in the Project which is being used in a variety of action training events. It is a tool for the statement and definition of social problems, the formation of action goals, and the planning of a strategy. Project staff has published 20 articles and has a number more in press.

One significant learning which will affect future action training and has implications for manpower utilization is a shift from training individuals apart from their group or system to training in the context of groups which must function together to achieve systemic change. This requires more time in the development and formation of groups which are committed to changing the policies and practices of social systems. In terms of affecting the environment - the structural sources of mental and physical illness - the pay-off is much greater when training is done with groups than with individuals.

TRAINING OF SEMINARIANS IN COMMUNITY MENTAL HEALTH

Dr. John E. Fryer
Temple University School of Medicine
Broad and Ontario Street
Philadelphia, Pa. 19140
MH-12174 1969-1971

The goals of this program are to train minority group seminary students and faculty members in the area of community mental health, utilizing the Community Mental Health Center of Temple University as a base. The particular ways in which these goals are being implemented continue to evolve in an interesting and informative way. Four black seminarians in the full-time program are students at the Interdenominational Theological Center in Atlanta, Georgia.

A total of twenty-five seminarians and students participated in the training during the year just completed. This was the third and most successful year in the training program. In addition to the black seminarian who was here on a full-time basis, there were ten Catholic seminarians, six students from Crozer Seminary, four students from the Philadelphia Divinity School of the Episcopal Church, and one each from the Philadelphia College of Bible, Gordon-Conwell Seminary, and the graduate program in Religion at Temple University.

Only one group of seminarians (five students from St. Charles Roman Catholic Seminary, back for a second year of training) worked actively with patients, under supervision. The remainder of the seminarians were involved in large and small group learning experiences. The large group gathered weekly on Thursday afternoons with at least three guests, to discuss issues on the larger fronts of community mental health, and a variety of points of view were represented both in the teachers and students. These sessions lasted for about three hours, and actively involved students and staff.

Among the subjects that have been discussed in this larger group are: urban education, mental health and illness, psychotherapy, abortion, woman's liberation, black power, the role of the minister, the nature of schizophrenia, community control, and urban renewal. The variety of points of view makes this a challenging teaching device. In addition, this same group participated in a study of group dynamics for ten weeks earlier in the year.

In smaller groups, these same seminarians have had an opportunity to visit community groups, institutions, churches, other mental health facilities, and in depth, the various portions of this center They have also been able to discuss in detail their reactions to what they have seen. Since the seminarians are all college graduates, and bring a variety of experiences to bear on what they see, these encounters have been quite valuable. This project represents one of the few such programs in which seminary students are given an opportunity to examine the roots of a community mental health program, and the basis for psychiatric evaluation and treatment. Potentially, they will be conversant with the mental health center movement, and can relate to it as community clergy. Those seminarians who will be full-time students can look forward to significant involvement in community mental health institutions in Atlanta, and can make use of contacts which have been initiated by staff with the Atlanta regional office, the Georgia Mental Health Institute, Grady Memorial Hospital, and several newly developing centers. It is also probable that roles will be created in these institutions for the returning seminarians, and it is intended to follow through on this as they return to Atlanta.

In addition to the three new seminarians, two other new members of the staff are assuming their duties at this time. The Rev. Richard Winn, a black Episcopal priest from Chicago has joined staff and has assumed full direction of the black seminarians in the program, and Mrs. Angela Hughes, a resident of the catchment area is joining the staff as information specialist.

During the month of August, black seminary faculty members from several seminaries, including four from I.T.C. and several well-known faculty members from other seminaries will join the seminarians, other local black seminarians, local black clergy, and staff members in an intensive examination of black seminary studies. This represents a really unique opportunity for growth, and for influence on the seminary curricula. During this time, there will be a continued focus on community mental health, and the community mental health center as a medium for social change and creative development of human potential.

This project has resulted in a new respect for the value of clergymen on a community mental health center staff, and a reevaluation both by the Temple center, as well as the institutions in Atlanta, of the role expectation of clergymen. There has been a gradual process of growth observable in the faculty of the Interdenominational Theological Center, and this program offers hope of fostering that growth. After this year, an intern year may be a very acceptable practice in that seminary, and they are also hoping to be able to coordinate a similar program in Atlanta institutions.

In recent months, many expressions of interest have been received from black seminarians across the country, since they do not feel that the current programs in clinical training really meet their needs. As word is spread about this program, it can be expected to result in changes in all those programs in which black seminarians are involved.

A paper describing the first three years of this program is in the process of preparation, and a panel is being prepared for the American Psychiatric Association meetings next year. Several black seminary study groups are being initiated across the country, and staff is involved in some of these study groups. It is hoped that this program can be continued and expanded, to involve more seminary students and faculty members, and it is felt that the program should be under the direction of appropriate black administrators. Many of the consultants are white, and most of the part-time seminarians are white, but the focus of the entire program remains the black situation. A limited number of white students will always be involved.

This project and its staff must depend entirely on N.I.M.H. support during the coming year, although it is certainly reasonable to assume that by the summer of 1973, some sort of seminary support in the form of financial

assistance might be forthcoming, although the whole economic picture is at this time uncertain. All sources (foundations, churches, seminaries, state and local) are in difficult straits, although once the program is established, there should be some avenue for future funding.

Section 11.

INDIAN MEDICINE MEN

NAVAJO MENTAL HEALTH

Mr. John Dick
Rough Rock Demonstration School
Chinle, Arizona 86503
MH-11930 1969-1973

This is a three year project to train 12 Navajos to become Medicine Men. Since no ceremonies can be taught in June or July, the ten month training cycle will begin in August. Vacancies from any cause will be filled then. (For example, the first year, 1969-70, four trainees each learned one full ceremony, and, therefore, are now qualified to practice as medicine men in these specialties. One or more may elect to again become a trainee to learn another ceremony.) The training is based on 40 hours per week for the 10 months each year. The length of time is due to the sheer volume of rote memorization involved in each ceremony to be learned. There are some 50 ceremonies. The average medicine man knows 2 or 3, rarely more than 5. The training is accomplished by long hours of practice under the direct supervision of the Navajo doctor in charge. The trainees are taught in the instructing medicine man's own hogan, usually at night. The objective in each case is for the trainee to learn the particular ceremony perfectly prior to performing it with a patient. Emphasis is on restoration of emotional well-being so that the patient can function normally. The program provides a means of perpetuating a tradition of proved positive value for Navajo Mental Health. The Navajos are desirous of having a trained group of practitioners to replace the older men. They work closely with PHS doctors providing psychiatric counseling where it is of value and referring medical cases to PHS physicians. This program provides mental health relevant manpower for a proportion of the Navajo Nation still non-English speaking and unable to benfit from Anglo forms of therapy.

The project began in August of 1969. Six Medicine Men were hired and to each were assigned two trainees. Except for one, the trainees have been under thirty and one was only sixteen. These young people already had some knowledge about the Navajo chants and ceremonies.

The program has been working in cooperation with the Public Health Service. In addition to staff consultation, the psychiatric consultant of the Navajo Indian Health Area as well as other Public Health Service physicians have conducted and participated in eight mental health and medical group discussions with the trainees, instructors and staff of the program throughout the year. These discussions involved the correlation of the two systems of mental knowledge, giving the trainees a greater understanding of the problems of their patients, and increasing their sensitivities to the interpersonal issues at stake in their professional work. Some specific topics included "Bacteria And How It Effects The Body." "The Circulatory System," and "The Structure of the Body and How It Works."

In addition to working with the Public Health Service, the program staff has been working industriously towards the goal of all the trainees becoming medicine men. By the end of the first year, four of the trainees have become medicine men. Three others have learned the ceremonies and when patients ask them to, will become medicine men after performance of the ceremonies with patients. The last five trainees have learned much but still need further training.

The project also has been gradually building up an image for itself in the eyes of the community and the public. The director of the program has been invited to speak at numerous conferences sponsored by anthropological and educational organizations. These trips involved travel to many parts of the United States, including Washington, D.C., San Francisco, California; and Minneapolis, Minnesota.

Several field trips have also been made by the trainees and staff. One of the trips was made to the Gallup Indian Hospital where the instructors and trainees observed the operating room as part of an all-day program. All in all, this has been a successful year for the Mental Health Program.

Section 12.

MENTAL HEALTH COMMUNICATION SPECIALISTS

MENTAL HEALTH INFORMATION TRAINING PROGRAM

Mr. Burton Marvin
School of Journalism
Syracuse University
Syracuse, New York 13210
MH-8633 1964-1970

The purpose of this program is to prepare graduate students for careers as information specialists with mental health agencies and associations. The student spends two years in the program, one on the campus and the second serving an internship with a mental health agency or association. The campus work includes a core of courses on such subjects as graphic arts, news writing, and publication editing; two three-hour courses on mental illness and mental health; and electives in such areas as psychology, sociology, social work, audio-visual communication, photography and cinematography. Field trips are made to local agencies, state hospitals, and the state department of mental hygiene. First-year fellows attend national meetings of mental health organizations and report back to the Mental Health Information Seminar. During the year there are a number of guest lecturers, including information officers of various types of agencies and associations at various levels - national, state and local.

The second-year students are placed for their internships in a cross-section of agencies and associations throughout the United States. They and their supervisors report regularly in writing on the work that the intern is doing. These reports not only enable the program director to keep track of what the interns are doing, but they provide case histories for study in the campus seminar and offer insights into experiments and trends in the rapidly-growing field of mental health information.

This program began in the 1964-65 academic year with four enrollees. Including the eight campus fellows and 12 interns in the 1969-1970 academic year, 54 persons have studied in the program.

Most of the participants have entered with bachelor's degrees in journalism or psychology, but such fields as English, political science, and sociology have been well represented. To qualify for admission there is no requirement of undergraduate journalism courses or experience in the field. Criteria are undergraduate academic record, Graduate Record Examination scores, references, and potential as indicated by prior employment or volunteer work and by a statement of reasons for being interested in the program.

The impact of this program is manifested by the demand for its graduates; by the demand for interns; by the creation of new public relations positions in agencies as a direct result of interns' work; by the rise of graduates to positions of leadership in the mental health information field; by the creation of a similar program at Kansas State University under the direction of a graduate of the Syracuse program; and by agencies turning to Syracuse University for consultation on public relations.

The 54 students who have participated were drawn from 21 states. Internships have been held in Washington, D.C., and 18 states from California and Washington to Georgia and Maine. Of the 33 who had completed the program before this writing, 19 were employed in mental health information positions in Washington, D.C., and in 15 states from coast to coast.

An indication of the program's influence is offered by the fact that three of the 10 persons who interned in 1968-69 went directly into new positions created because the work they did as interns proved the need for this service. The Mental Health Information Seminar is scheduled to continue. After termination of NIMH support agency funding of a number of internships is assured, and negotiations for financing of fellowships are in process with a number of agencies and organizations. There is a strong possibility that the program of study and internships will be broadened to encompass other health and social services, for considerable if not total analogizing of public relations principles and practices can be applied in all of these fields. Out of discussions now going on within Syracuse University may develop an interdisciplinary program aimed at professional preparation for relating to and with numerous publics. These discussions have developed because administrators and teachers in other disciplines, such as social work, have seen the achievements of the Mental Health Information Training Program.

MENTAL HEALTH MASS COMMUNICATIONS PROGRAM

Dr. Ramona Rush
Department of Journalism
Kansas State University
Manhattan, Kansas 66502
MH-11495 1968-1972

Training future mass media writers and editors in mental health and the behavioral sciences is the major goal of this program. Persons involved in the two-year training program are prepared for positions as mental health or behavioral science communicators for newspapers, magazines, broadcast outlets and technical publications. Mental health topics are introduced not as an end in themselves but as a resource for better understanding of the human condition. A goal of the program is expanded coverage of the mental health field in the mass media as well as the use of mental health professionals as news sources in the coverage of violence, race relations and social problems.

The training program began in July 1968 with the first students entering in September of that year. To date sixteen graduate students have been fellows in the program. The first eight have completed the course of study and field work assignments while eight are entering their second year of study. An additional eight students were appointed to fellowships for September 1970.

Trainees have been persons with undergraduate training in journalism, English or the social sciences. Their work experience has ranged from news reporting to psychiatric nursing. They are a geographically diverse group. Ages of trainees range from 21 to 39 with most being in their early twenties.

Facilities cooperating in the training have included hospitals and community mental health centers in Kansas as well as the social science departments and agencies on the campus of Kansas State University. Staff members of the Menninger Foundation have had a significant involvement in the program. In addition, nearly a dozen agencies across the country have assisted with internship training as have mass media organizations and various professional organizations. Students travel to nearly twenty different facilities each academic year.

The academic program includes three campus semesters which combine courses in journalism and mass communication with work in the behavioral sciences. Three special seminars in mental health information and behavioral science writing acquaint the students with the organization, structure and substance of the mental health field and link this with communications skills and practice. Extensive use is made of consultants, films and field visits during the academic training. Two internships, one with a mental health organization and the other with a mass media organization, provide field experience and an opportunity to test out communication skills.

Students are being prepared for positions with the media (newspapers, magazines and broadcasting outlets) and the first group is currently being placed. Increasingly progressive media outlets are employing behavioral science writers under this and other titles.

The project staff believes this to be the only project of its kind which is designed to link the mental health field with the mass media.

Increasing recognitions has been given to the need for trained mental health-behavioral science-social problems reporters as a result of the program's work. Mental health and media organizations with which the program has been associated are more aware of the need for trained personnel of the kind produced by the program. Philip Meyer of the Russell Sage Foundation and Knight Newspapers, Inc. has hailed the program as "innovative" and five years ahead of its time. Several mental health agencies have considered adding information officers after a summer internship with a program fellow. The impact on the Department of Journalism at Kansas State has been profound. Several new faculty members have been recruited on the strength of the program, mental health information and concepts have been introduced into several undergraduate courses and the quality of graduate students has increased markedly.

Several mass media-mental health meetings have been held as a direct result of the program. Program staff have been involved in these conferences in Illinois, California and Kansas. Persons participating have included hospital and state level information officers and media workers. A journalism faculty member from the University of Texas consulted with program staff in writing a proposal for a similar project. A contract with the NIMH Office of Communications for a summer high school press conference on drug abuse also grew out of the original project.

Three special courses have been developed. Also a unique exposure design model presents the student with a field experience and more theoretical, academic approaches. A structured internship model and evaluation forms have also been developed.

Several articles have appeared in such publications as Editor & Publisher, Quill, Iowa Journalist, and College Press Review. Similarly several mental health publications have carried articles about the program. About 10 professional meetings have been addressed by program staff. Brochures and other publications have been developed. An annual student magazine, Go-Between, is also published by program fellows.

An evaluation of the first two years of the program is now in process. The current model seems to be working although some modification will probably be implemented.

GRADUATE PROGRAM IN MENTAL HEALTH INFORMATION

Dr. Robert S. Kahan
University of Texas
Department of Journalism
Austin, Texas 78712
**MH-12111 1970-1973

The primary purpose of the program is to prepare men and women for careers in mental health information. Such careers may follow either of two basic patterns: (1) Working for a mental health association or institution as a communication specialist; the position would involve public relations functions, both internal and external, with particular attention to effective communication with various publics. (2) Working for the news media as reporter or newscaster with special responsibilities for reporting on activities and trends related to mental health within the community.

The program,which will lead to the Master of Arts Degree in Communication, requires three semesters of graduate work. Along with classwork during the three semesters, the trainee will hold a part-time internship related to mental health. In addition, he will serve a ten-week full-time summer of internship. Seven trainees are to be enrolled the first year and ten trainees will enroll each succeeding year.

The program will concern itself with more fundamental aspects of communication than merely the techniques of news writing or newscasting. Examination will be made of some of the obstacles to communication between segments of society. In addition to deepening the trainee's understanding of communication theory, the communication seminar will examine the role of various channels of communication in relation to mental health information and concepts, including newspapers, radio-television, direct-by-mail, and word of mouth. Instructors from Journalism, Radio-Television-Film, and Speech will participate in the teaching. The parallel class work and internship will permit a continuous interchange between classroom theories and on-the-job experiences.

In each of the three semesters every trainee will be placed in a part-time internship where he will be working with mental health and related communication activities. The internships will be for twelve hours per week; the internees will enroll in a seminar that will bring them together regularly to discuss and evaluate their work experiences. These internships will be in Austin. The student will change his internship assignment each semester, or more often, in accordance with plans developed by his supervisor in order to give him a variety of experiences.

Each trainee will be placed in a full-time ten-week summer internship in mental health communication work. Preferably, these internships will be outside the City of Austin in order to expose the interns to different community situations than those encountered in their part-time Austin internships.

Courses assigned to the trainees will vary slightly according to the trainee's academic and professional background. All will be required to take one course in Social Work, such as Social Welfare Services or Social Welfare Legislation. Students with considerable background in Sociology or Psychology and little background in Journalism will be required to take Article Writing, Radio-Television News, and Public Affairs Reporting. Those with a strong background in journalism and little background in sociology will be required to take two courses in Sociology related to urban tensions or other courses related to mental health. In the second fall semester, all trainees will come together for the Mass Media and Urban Affairs and Problems in Public Relations.

In the first fall semester and the Spring semester all trainees will enroll in a graduate seminar to include only the trainees. Teachers from Journalism, Radio-Television-Film, and Speech will participate in the instruction. The seminar will be adaptable to students with differing backgrounds of experience in communication.

Class discussions will consider principles of communication theory, communication through the mass media, through oral communication, and multimedia presentations. Laboratory assignments will be individualized and will be related, where appropriate, to the work of the trainee in his part-time internship.

In the first fall semester and the second fall semester of the program the trainees will enroll in a graduate seminar in Sociology, designed to explore principles of mental health in the first semester and community mental health procedures in the other semester. These seminars will be exclusively for the trainees.

Section 13.

FILMS AND TV

MENTAL HEALTH TRAINING FILM PROGRAM

Dr. Edward A. Mason
Department of Psychiatry
Harvard Medical School
Boston, Mass. 02115
MH-8313 1963-1968

This project had four objectives: (1) to produce a series of films dealing with problems and techniques in the field of community mental health which would be valuable for recruiting and training mental health specialists, for disseminating accurate and complex information, and for demonstrating new developments; (2) to obtain the specialized equipment which would enable the filming of actual clinical and real life situations; (3) to evaluate mental health films in various training situations and publish reports on these evaluations; and (4) to teach professional persons about the use of films as a part of their community mental health training. The results of this project can be summarized as follows: (1) 15 films have been completed; (2) experience has been gained in creating and using mental health films; (3) 24 articles have been published; and (4) there have been particpation, planning, and collaboration in professional education both within and outside of the laboratory of community psychiatry.

Film showings at the annual programs of the American Orthopsychiatric Association and the American Psychiatric Association have been increasingly well attended and acclaimed. During the period of its NIMH funding, the Film Program was called on to give advice and assistance to many other training programs including at least 22 in the Boston area and at least 17 from the United States and Great Britain. Specific recommendations about appropriate films for training or optimal techniques for producing film and videotape materials were provided, and for a larger number of people the Film Program continues to be a source of information both about films and their utilization.

Work initiated under this grant is still continuing. The latest production, "Boys in Conflict" is a 72 minute documentary about the experiences of a young counselor in a camp for emotionally disturbed boys. Highly acclaimed for its richness, its realism, and its usefulness for training, it has just been awarded a Blue Ribbon at the 1970 American Film Festival as the best of the mental health films.

USE OF TV AND VIDEOTAPE IN MENTAL HEALTH

Dr. Floy J. Moore
School of Medicine
University of Mississippi
Jackson, Mississippi 39216
MH-11397 1968-1970

The objective of this project was to seek out the methodology necessary to identify, edit, index and exchange videotape training materials for use in mental health training programs. The question was not "Can videotape materials be used?", but rather "Can useful videotape materials be found?". As the early study and review progressed it became increasingly clear that mental health professionals across the country were recording and stockpiling unedited and unmanageable quantities of videotaped materials, which might or might not be useful to them or others in specific training programs. Up to this point in time, there was no way to identify this material and to somehow analyze its content in verbal form, meaningfully and correctly so that tape content could be made known to those mental health professionals who needed this kind of material. These considerations directed that the objective of our project should be aimed toward videotape management, videotape editing, indexing and cataloging, problems of storage and retrieval, exchange of material and finally greatly increasing communication among those involved in television utilization.

The tasks to be finally accomplished within the scope of the grant were set forth as follows:

a. Establish procedures and guidelines for handling of raw, unedited videotape stock footage which would make such material a valuable training resource, both locally and on an exchange basis.

b. Develop a prototype cataloging and indexing system which might be equally suitable for intra- and inter-institutional training use of videotapes.

c. Establish a network of communication linking all those involved in TV in psychiatry, with emphasis on some form of a newsletter approach.

d. Determine and assess the amount of psychiatric videotapes presently available in the United States for training purposes and establish a procedure for evaluating the content of such tapes.

e. Assess the relationship of motion picture films to television videotapes in terms of numbers, subject matter breadth, and training appropriateness.

f. Make recommendations for the continuing development and implementation of television in psychiatric training if the study indicates that such development and implementation is warranted.

The TV Project developed, by means of the TV in Psychiatry Newsletter, a means of exchange of information among those mental health practitioners interested in or utilizing television and videotape. From an initial mailing of one hundred copies, subscribers increased to well over one thousand within less than a year. Response to the Newsletter has been overwhelming and it is felt that its initiation was one of the more important accomplishments of the project. Content of the Newsletter included surveys of departments of psychiatry in academic institutions, mental hospitals, and the like as to their utilization of television. Technical and various other questions were selected from the steady stream of responses to the Newsletter for published answers. A bibliography compiled by project staff was continued in its pages, and progress reports on Project activites were published. It is hoped that some means may be found to continue the publication. As yet no funding has been obtained.

A Comprehensive Bibliography on TV in Psychiatry, numbering over one hundred references and annotated in depth was prepared and distributed.

A system for editing and indexing videotapes of psychiatric patient interviews has been developed and a computer-based storage and retrieval system is operational. Coordination and Boolean algebra are used in the search process. It is the first time anywhere that the design of such a system was attempted and, although presently operating with a limited data base of thirty edited patient segments, the system is considered applicable in any psychiatric setting or mental health center.

A listing of available videotapes has been compiled and published by the project. This is a first attempt at establishing a list of psychiatric and mental health training videotapes. Although at present limited in content to two hundred and sixty listings, the catalog represents another first and should be a useful tool for those desiring to exchange videotapes.

A comprehnsive catalog of motion picture films in the field of mental health has been compiled, presently containing approximately seven hundred films. The listing, presently on cards, contains annotations from many sources and is believed to be the largest such listing in existence today.

A Conference on Television and Psychiatry was held at the University of British Columbia, bringing together for the first time practitioners in the field of television and psychiatry. Outstanding experts from throughout the land met for discussion, exchange of information and such recommendations as they might wish to make as to the merits of continuing this particular project. Evaluation by many of the attendees indicated that what the project had attempted to do was indeed worthwile, useful to them and would be useful to all personnel engaged in mental health training.

Section 14.

ADJUNCTIVE THERAPISTS

RECREATION LEADERS FOR EMOTIONALLY DISTURBED CHILDREN

Dr. Lester Mann
Buttonwood Farms, Inc.
3354 Byberry Road
Philadelphia, Pa. 19154
MH-8543 1964-1969

The major objectives of this five year project were (1) to train physical education specialists for physical recreation work with severely emotionally disturbed children, and (2) to assist college and university physical education and recreation faculties in developing training programs and curricula for this type of work. Up to twelve trainees a year (forty-six total) attended the specialist program. They were graduate students attending Temple University's Department of Health, Physical Education and Recreation (HPER). A faculty training program, known as The College Professors' Seminar, was carried out the final two years of the project, training twelve post doctoral and post masters faculty of other colleges and universities.

Buttonwood Farms, Inc., a southeastern Pennsylvania organization providing educational and recreational services to emotionally disturbed children, and Temple University's HPER department, were the coparticipants in the project which was held at Buttonwood Farms summer day camp and school facilities.

The didactic aspects of the training program were under the direction of Temple HPER faculty. Field experiences and clinical consultation were provided largely by Buttonwood Farms' staff. Specialist training was year-round and included eight weeks of field and didactic training at the Buttonwood Farms' camp, and forty Saturdays of specialized urban recreation training and consultation during the school year. Consultation consisted of regular individual interviews with a psychiatric social worker, group consultation with a child psychiatrist, and on-the-job consultation with a clinical psychologist. The specialist trainees received six graduate credits for their participation in the summer program.

The College Professors' Seminar ran for eight weeks at a camp where participating faculty was given field training and assisted in the preparation of manuals, curricula, and course outlines directed towards the preparation of physical educators for work with emotionally disturbed children. They received eight graduate credits for their participation.

The intent of the training program was to prepare a new variety of mental health resource or ancillary personnel to meet the pressing physical education and recreation needs of emotionally disturbed children who have been significantly deprived in these fields. Follow-ups indicated that the majority of the specialists had appropriately applied their training. Follow-ups of participants in the College Professors' Seminar indicated that their training was later reflected in course offerings at their institutions.

The project was a pioneering effort in the melding of physical education-recreation approaches with mental health ones. It appears to have stimulated considerable interest among mental health specialists and educators concerning the values of physical education and recreation for the emotionally disturbed child.

The project has helped to establish awareness of the value of physical recreation for emotionally disturbed children and to stimulate the development of similar programs for the emotionally disturbed, brain injured and retarded in Pennsylvania and New Jersey. Its influence has been felt nationwide in terms of its trainees, publications, the distribution of its curricula, manuals and evaluation instruments. Physical education, in part because of the project and the general interest in sensorimotor training, has become increasingly recognized as valuable for the emotionally disturbed and other handicapped children; the values of recreation qua recreation are still not accepted.

On the basis of this original project developed by Buttonwood Farms, Temple University developed a subsequent one, funded July 1, 1969 to June 30, 1974, for extension of faculty training programs. This new project draws upon the personnel and expertise developed in the original project; it operates at Buttonwood Farms and is refining and extending the concepts and approaches of the original project (see MH-11810). Additional programs growing out of the original project include the training of occupational therapists at Buttonwood Farms in sensorimotor approaches, and work rehabilitation

programs for the older retarded and mentally ill youth. Buttonwood Farms' staff actively assisted the Office of Education in the preparation of guidelines for physical education for the emotionally disturbed. Buttonwood Farms recently received a research grant from the Office of Education in association with Montgomery County, Pennsylvania schools to determine the effectiveness of different physical education approaches with emotionally disturbed children. The American Association of Health, Physical Education and Recreation, which had reviewed Buttonwood Farms-Temple University training programs, has made physical education and recreation for the emotionally disturbed one of the foci of its association activities.

Of the twenty-eight specialists who responded to a follow-up questionnaire, twenty were actively applying their training in programs for the handicapped. Twelve of these were in programs specifically for the emotionally disturbed. Five trainees were in leadership roles. Of the twelve faculty members for whom follow-ups were available, ten had offered training at their facilities in physical education or recreation for the handicapped and part of that work was directed to the emotionally disturbed; two of them had offered courses specifically directed to the emotionally disturbed.

An effort was made in the project to determine the value of a variety of cognitive, attitudinal and personality measures as these related to job effectiveness. As has been found for other similar predictive endeavors, there is little predictive validity for standard testing instruments with respect to on-the-job effectiveness.

A variety of manuals and curriculum guides were developed through the project as well as a physical activities evaluation approach for children unresponsive to usual assessments. These have been used by a variety of institutions offering physical recreation to the handicapped.

The project has been widely publicized through local, regional and national meetings attended by physical educators, camping and recreation specialists, rehabilitation workers, and the mental health professions. A total of twenty-four papers concerning the project have been presented at national meetings and eleven have been published in major journals. Buttonwood Farms and Temple University staff have provided consultation to universities, medical schools and government agencies.

TRAINING IN MUSIC THERAPY

Dr. E. Thayer Gaston (Deceased)
Department of Music Education
University of Kansas
Lawrence, Kansas 66044
MH-8573 1964-1969

The objective of this five-year project was to provide advanced clinical training and graduate education of selected, registered music therapists to enable them to work more effectively with handicapped children, especially mentally retarded and emotionally disturbed children in community centers, schools, and mental health institutions. A secondary aim was to offer students advanced clinical training with an accent on research.

This was a new, first year, graduate training program. Such a training course had never been offered before. The trainees were to achieve greater perspective and better functioning principally in music therapy, but also in at least the elementary aspects of psychiatry, clinical psychology, psychiatric nursing, psychiatric occupational therapy, recreation, and special education of mental retardates and other handicapped children.

The program, which operated from 1964-65 through 1968-69, attracted a total of 30 trainees.

Parsons State Hospital and Training Center (PSH & TC), which cooperated in the training, is a 650-bed residential care facility principally for mentally handicapped children. In addition to offering treatment and training to mentally handicapped children, it provides supplementary programs in research and professional training in the field of mental retardation. Primarily involved with the project at PSH & TC was the Clinical Music Therapy Department, under the supervision of the Director of Clinical Services. The Field Coordinator for the training program, working with the Director of the Clinical Music Therapy Department, administered and taught the advanced clinical training phase of the music therapy curriculum. The Parsons Research Project provided resource personnel for research designs and techniques and experimental procedures. The trainees also participated in demonstration-lectures in Audiology and

Speech Therapy, Recreation, Psychology, and Occupational Therapy. Through the In-Service Training Program, the trainees participated in periodic workshops, and attended training films and lectures.

Consultation was available at the University of Kansas throughout the project in the areas of special education, guidance and counseling, physical education, psychology, physiology, biochemistry, sociology, and anthropology.

Trainees received academic training for one semester and one summer session, and advanced clinical training for one semester, leading to the Master of Music Education degree with a Major in Functional Music. Every trainee was required to take graduate level statistics courses, carry out at least one research project, and write a research thesis.

The Department of Music Education's philosophy considers music to be but one form of human behavior, subject to observation, measurement, and modification as are other forms of human behavior - hence, the strongly multidisciplinary approach to the uses of music in therapy.

The theoretical orientation of PSH & TC was behavioristic. Much emphasis was placed upon the evaluation, description, measurement, and specification of behavior to gain therapeutic ends.

Program graduates are providing leadership in the profession. Several have started music therapy curricula in colleges, and others have assumed major clinical and administrative positions. The program trained the large majority of all graduate level music therapists who completed work during the grant period. A major potential employment opportunity for trainees is university teaching. Clinical institutions, which desire graduate level RMT's for supervisory duties, are able to compete effectively with colleges for the trainee's services. Other major employment opportunities exist in the public schools.

Advanced study with emphasis on the behavioral sciences, research, and music therapy comprised the major endeavor of the trainees. Soon after the beginning of the project, it became necessary to secure closer communication with the clinical center, expand and restructure the clinical training, and add a course of directed reading at the graduate level. Prior to inception of this training project, the curriculum of the master's degree program was academic and had not included a formal practicum (internship) in advanced clinical training. Such a practicum was incorporated into this training program because of the belief that a uniform and controlled advanced clinical training experience would be of value to the music therapist in his developing a better understanding of the mutually supportive roles of the theoretical and practical aspects of music therapy.

Other significant factors emerged from this training program. The constitution of the most effective graduate curriculum in music therapy was investigated. The role of advanced clinical training in teaching the essential elements of the research process was examined. The demand by colleges for instructors in this field was a target, but in many cases, colleges were unable to compete with clinics in employing the trainees.

The project has had several major influences. The National Association for Music Therapy has continued the project's work to improve the interface between academic and clinical experience in the graduate and undergraduate curricula. The project produced a substantial number of master's degree Registered Music Therapists to serve the profession; this in turn has led to development of music therapy curricula in colleges which did not before have such programs. The project led the way in the current movement to include more clinical experience in the curriculum. At the University of Kansas, the project led to the inclusion of a music therapy clinic in the University Affiliated Health Facility organized through the Bureau of Child Research.

Trainees have been employed in the following situations: (1) full research; (2) teaching; (3) public schools - trainees are consultants in music therapy to public school special education programs; (4) clinical work - trainees are employed in VA, State, and private hospitals, and in community mental health centers; (5) administration - trainees have become administrators of music therapy programs. The research specialist and clinical administration roles are recent and seem to have been influenced by the training project. The role of the music therapist in special education has been much emphasized by the program.

A twenty-minute training film entitled, "Music Therapy Internship" was produced

S8 D6

during the course of this project.

Information about the training project and its accomplishments has been well disseminated through the National Association for Music Therapy. Many research studies completed during the project were reported at NAMT meetings or published in the Journal of Music Therapy. The pre-convention meetings of educators and directors of clinical training which were organized as part of the training project have led to restructuring of the therapy curriculum.

The major problem for effective manpower utilization seems to be the inability of academic institutions to compete financially for the services of master's degree R.M.T.'s. The demand for baccalaureate degree R.M.T.'s continues to outdistance the capacity of colleges to produce them.

TRAINING OCCUPATIONAL THERAPISTS FOR PSYCHIATRY

Dr. Harold Manner
Division of Science and Mathematics
Utica College of Syracuse University
Utica, New York
MH-8620 1964-1967

Objectives of this program in occupational therapy were: a) to establish a program in occupational therapy with emphasis on psychiatry in the Central New York area in a college with moderate tuition; b) to provide a continuing, more intimate contact with a dynamic psychiatric hospital; c) to enable prospective students to complete the required course in a shorter period of 4 years and 3 months, by providing a continuous program, including the summer months; d) to promote recruitment in a vigorous way utilizing various media and channels including the use of guidance counsellors and community organizations.

Impetus for the development of this occupational therapy curriculum came mainly from the need of the local state mental hospitals and state schools for the retarded. There has been a shortage of occupational therapists for various types of institutions throughout Central New York State, as elsewhere, and there was previously no other occupational therapy school to serve this area. As stated in the grant request, the goal of the project was to provide a quality educational program which would be somewhat less costly to the student, and could be completed in less than the usual 4½ to 5 year period. In addition it was hoped that special emphasis could be placed on psychiatric aspects of the course, without sacrificing the quality in other areas of instruction.

To accomplish these goals, several unique arrangements have been made. First, a flexible program was planned providing students the opportunity to complete the entire program in 4 calendar years, by making use of summers. For transfer students, or those who prefer a slower pace, the program can be extended.

The primary affiliating institution is Marcy State Hospital. Arrangements with them enable the project to make use of educational resources - administrative, clinical, instructional and physical - already developed for their psychiatric residency program and nursing school. Courses related to psychiatric occupational therapy are offered there in a coordinated unit during the summer following the sophomore or junior year. Team teaching is used in a combined clinical/academic approach. Teaching staff and clinical facilities have also been made available to supplement courses in neurology and general medicine and surgery. In addition to the special Marcy program, the regular psychiatric affiliation has been extended from the usual 3 months to an entire semester - 4 months - without shortening the other two affiliations.

Utica College also has agreements with St. Luke's Memorial Hospital Center and Children's Hospital and Rehabilitation Center of Utica for clinical clerkships, with the understanding that each will provide additional clinical instruction as program expansion allows. It is also expected that the Occupational Therapy Department at Rome State School will play an increasingly important role in the curriculum.

Three academic years and one summer session of didactic work precede the first clinical affiliation. The final semester of didactic work is planned to follow at least one (and often two) of the clinical affiliations. Course work during the final semester emphasizes seminars and individual study intended to encourage the student to draw upon and integrate experiential and academic learning.

The grant project was staffed initially by two part-time occupational therapists who were primarily concerned with the investigation of local educational resources and

with finding ways of making up for gaps in facilities for clinical teaching. A full-time curriculum director was employed in the fall of 1966.

The remainder of the grant period (which ended June 30, 1968) was devoted to curriculum planning and course preparation, and establishment of the curriculum as a part of the Utica College program. Specialized courses were first offered on a conditional basis in the fall of 1967, with official acceptance of the program by Syracuse University Senate during the same semester. Major professional courses were offered to the first class of juniors in the fall of 1968.

During the spring, 1970 semester there were 21 students enrolled in the 4 classes, with 4 students expected to complete the program and receive B.S. degrees in September, 1970.

The Occupational Therapy Curriculum was established to meet local needs; vital to the development of the educational program is the strengthening of these local clinical programs. One year ago, 7 O.T.R.s practiced full-time in clinical settings in this area. There are now at least 13 O.T.R.s (or recent graduates whose registration is pending) and 1 part-time therapist. Directly or indirectly, most of this increase can be attributed to the developing Occupational Therapy Curriculum at Utica College, even though there has not yet been a class of graduates. Most of these therapists are employed in 3 New York State Department of Mental Hygiene Institutions in this area. Even so, these facilities alone have positions open for approximately 30 additional therapists.

The increase in the number of Registered Occupational Therapists and resultant improvement in programs and facilities have added greatly to our resources. Utica College Occupational Therapy faculty members have been actively engaged in assisting the institutions to recruit qualified therapists, and have also provided some consultant services to help them to further develop occupational therapy programs, and to recruit additional personnel.

During the past year a reorganization within the college's Division of Science and Mathematics has grouped together appropriate curricula under the title, "Health Programs." Besides Occupational Therapy, this group includes Medical Technology, in collaboration with St. Luke's Memorial Hospital Center, and the three-year Nursing Schools based at Marcy and Utica State Hospitals. The Director of the Occupational Therapy Curriculum was appointed coordinator for these programs, with the expectation that a new department or division will emerge eventually. Both physical therapy and therapeutic recreation have been mentioned as needed programs which might be developed in the future, and possibilities for the latter seem especially hopeful. The role of coordinator provides for better communication, not only among the health programs, but also with the rest of the division.

ACADEMIC TRAINERS OF PHYSICAL RECREATION SPECIALISTS

Dr. Harold K. Jack
Department of Health, Physical Education and Recreation
Temple University
Philadelphia, Pa. 19122
MH-11810 1969-1974

This project was designed to develop courses of study for the teaching of academic material to undergraduate and graduate students in universities and colleges. In addition, the project has as an objective to train college professors for the teaching of the content and to acquaint them with the ramifications of teaching physical education and recreation to emotionally disturbed children. The project prepares materials for dissemination to people throughout the nation who are interested in the specialty and also has as one of its objectives the preparation of a Newsletter which will be of interest to people in the field. A further objective of the project is to stimulate the inclusion of physical education-recreation for emotionally disturbed children in the adapted physical education division of the American Association for Health, Physical Education and Recreation.

The project was initiated during the summer of 1967. During the summers of 1967 and 1968 a pilot project was conducted at which twelve people received training and a follow-up survey was conducted which indicated that results were achieved by the introduction of courses at the various colleges in the field of specialization for which training was conducted. The training program under the present grant is now beginning its second year. Last year a full complement of eight trainees were included in the program and the results were

most gratifying. The trainees are selected as follows. They must be college professors who are teaching courses in the adapted physical education or recreation field and who will continue to teach such courses. They also agree to hold a regional or state conference in the field of emphasis in which they have been trained. Their prior education must be either a Master's Degree or a Doctor's Degree. The population for which they shall be trained to teach is as indicated either undergraduate and graduate students in the field of physical education-recreation and in special education.

The facilities which are significant in the development and conduct of the program of training are the facilities of the Buttonwood Farms Camp, Incorporated, which is located north of Doylestown, Pennsylvania. This camp is primarily for emotionally disturbed children. Over 200 campers are at the camp during the summer and the trainees for the project work to some extent with the counsellors in the practical application of procedures for the implementation of physical movement and recreational activities of a physical nature which would be of help to emotionally disturbed children. A movement manual for counsellors is being developed.

A number of consultants who are specialists in the field of psychology and psychiatric work are used to acquaint the trainees with the basic information and the implications for physical education-recreation for emotionally disturbed children. Trainees are held responsible for the orientation provided by the consultants and are also held responsible for the readings which are assigned to them.

It is felt that people recruited for the training program are of such a background that a production-type of workshop would be most useful and hence each participant is required to produce either supplementary material or material for manuals which may be used in the conduct of programs for physical education-recreation for emotionally handicapped children.

The presence of children at the camp provides a laboratory experience for the participants. The length of the training period is eight weeks. The group meets five days during each week (Monday through Friday) and group discussions, readings, and reports and development of materials form the base of the content.

The potential employment opportunities for graduates of the program are assured inasmuch as the colleges which they represent have agreed to include this work in their programs of instruction.

The principal manual which has been prepared to date is entitled, "Physical Education-Recreation for Mentally and Emotionally Handicapped Children."

Consultation visits have been made to each of the colleges represented at the course taught by Temple University.

Papers have been presented at six professional meetings.

Requests for materials have been received from 25-30 schools and organizations from all parts of the nation.

Section 15.

DENTISTS

DEVELOPMENT OF CONTENT AND METHODS FOR
TEACHING OF PSYCHOLOGY TO DENTAL STUDENTS

Dr. Loren Borland
College of Dentistry
University of California
San Francisco, California 94102
**MH-6412 1956-1962

This project developed the content and methods for teaching concepts from the behavioral sciences to dental students for the purpose of increasing their effectiveness in dealing with emotional disorders in dental practice. In addition, it trained dental personnel for dental education and to conduct research into emotional disorders relating to dental disorders. Students rotated through the Langley Porter Memorial Mental Hygiene Dental Clinic, performing routine operations on the patients and thus learning to manage such patients under supervision. The staff developed a syllabus for the undergraduate lecture course, plus readings and teaching aids. The goal of the undergraduate training was to give the student some consistent theory of human behavior and to train him to think analytically and constructively in these terms in his dealings with people.

Section 16.

ARCHITECTS

SOCIAL AND BEHAVIORAL FACTORS IN ARCHITECTURAL AND ENVIRONMENTAL DESIGN

Mrs. Roslyn Lindheim
Department of Architecture
University of California
Berkeley, California 94720
**MH-12122 1970-1974

This project is designed to train architects to be sensitive to the social and behavioral implications of their design, and, on the other hand, to train behavioral and social scientists in the methodology and requirements of the architects.

The project is designed to be a pilot model for training of behavioral and social scientists and architects with as its main focus the design of the physical environment. The goal is to create physical settings which respond to rather than conflict with people's basic behavioral patterns thus eliminating unnecessary stressful situations. This applied to institutional buildings, such as hospitals, schools, mental health facilities; to housing of all kinds; as well as to the organization of the total urban structure.

This training program is being integrated in the recently established Ph.D. program in Architecture. The Department of Architecture at the University of California specifically provides for four fields of dissertation emphasis: history, technology, design methods, and behavioral-social factors.

Specific aims of the project are: (1) To provide a new area of advanced study for practicing architects who will develop in addition to their traditional professional skills, sensitivity to and knowledge about the diversity of human needs, a feeling of responsibility toward validating the assumptions they make about the behavioral consequences of their spatial decisions; enough knowledge about the behavioral sciences to recognize specific environmental problems; the knowledge of whom to consult among professionals from the social and behavioral sciences; and the ability to communicate with them in depth. (2) To provide advanced study for a group of consulting specialists in behavioral and social sciences who have, in addition to their own professional skills, knowledge of the design process, architectural methodology, the effect of structure, site, economics, law, institutional history, and the like, on the physical form of a solution; and the ability to translate institutional and group objectives into a format useable to the architect. (3) To provide advanced study for researchers who will investigate the interface between the behavior of people and the physical environment in which this behavior occurs. (4) To provide advanced study for future teachers, knowledgeable both in the behavioral sciences and architecture and environmental design. (5) To provide advanced study for institutional programmers who can articulate the needs of the institutions into architectural terms and thus act as a bridge between the institution and the architect. (6) To provide advanced study for persons from minority groups. Many persons who themselves come from and represent the minority communities are necessary to define, and conceptualize needs and aspirations in terms that professional architects, planners and government agencies can comprehend.

The program of study will consist of a combination of individually directed study, internships, seminars, selected courses and project design. It will draw on other courses and programs in the College and University, particularly with the newly instituted program of social planning with emphasis placed on the physical implications and their social and behavioral significance.

The curriculum will consist of courses of study already developed relevant to this field as well as the development of new courses. A specific part of the curricula of the Department of Architecture is devoted to social, cultural and behavioral factors in architecture.

It is expected that most Ph.D. applicants will have acquired the Master's Degree in Architecture prior to admission to the Ph.D. program. However, the Department Faculty have decided to open Ph.D. enrollment to outstanding candidates who do not hold a professional degree in architecture and also to holders of a Bachelor of Architecture degree with outstanding academic and/or professional records.

It is expected that a majority of the students trained in this program will go into new types of consulting and administrative positions in a wide variety of institutions. Large architectural firms capable of having

a wide range of specialized fields are beginning to demand both architects and social scientists with experience in design practice. More important, major social institutions are recognizing the importance of these skills in public policy and development designs. At the broadest scale the offices of mayors confronted with adverse community action to major development programs in highways, urban renewal, education and health have recognized the necessity for professional leaders skilled in the human responses to new environments on a very wide spread basis in all cities and for many neighborhoods.

Section 17.

RESEARCH PERSONNEL AND STATISTICIANS

ADVANCED RESEARCH TRAINING IN BEHAVIORAL SCIENCES

Dr. Preston S. Cutler
Center for Advanced Study in the Behavioral Sciences
202 Junipero Serra Boulevard
Stanford, California 94305
MH-7457 1961-1971

The Center for Advanced Study in the Behavioral Sciences, located in the vicinity of Stanford University on a quiet, secluded hilltop convenient to major transportation facilities, is chartered in the State of California as a non-profit organization devoted to education and research. It was founded by the Ford Foundation with the intent of strengthening work in the behavioral sciences. It conducts a residential post-doctoral fellowship program for scientists and scholars from this country and abroad who show promise or accomplishment as productive workers in their respective fields. Fellowships have been awarded in the following fields (in order of decreasing numerical representation): psychology, anthropology, sociology, political science, history, economics, philosophy, psychiatry-psychoanalysis, literature, law education, linguistics, certain specialties in biology, certain mathematical and statistical specialties, and certain areas of application. Since the Center began operation in 1954, the ages of Fellows at time of residence have ranged from 26 to 80, the median age being 41. About one Fellow in six has come from abroad. Approximately 50 fellowships are awarded each year.

The fellowship award implies a period of residence in the vicinity of the Center, normally beginning in September and extending from seven to twelve months. Aspects of the fellowships that seem to be most significant to the Fellows include the following:

1. The opportunity to devote an extended period of time to further personnel development at an advanced level, free from noraml routines and from the responsibilities of the home campus.

2. The stimulating company of other leading scientists and scholars.

3. Freedom to set one's own schedule and direct one's own activity.

4. Secretarial, library, research, editorial, and some instructional services, and access to calculating, computing, and duplicating facilities.

5. The guarantee of financial support at a level that protects the Fellow from serious financial sacrific and enables him to bring his family along for the year.

6. The agreeable year-round physical environment for the work of the Fellow, and the congenial community environment for the Fellow's family.

The Center is not organized to facilitate the collection or production of new data. Activities normally engaged in by the Fellows include the following:

1. Reading, study, and reflection.

2. Analysis of data, writing, and rewriting.

3. Participation in formal or informal learning activities.

4. Participation in seminars or work-groups.

5. Intensive collaboration with one or more other Fellows.

The general objective of the Center program is to increase the competence of behavioral scientists who are already at an advanced level. This training objective is linked to and in part accomplished through another objective - the production of scholarly and scientific works. The rationale for the creation of the Center placed more emphasis upon the first objective; the motivation of Fellows at the Center appears to place more emphasis upon the second. In the judgment of the founders of the Center there was need in the American academic community for such a special environment to which selected university faculty members could come on leave of absence from their home institutions for a substantial period of advanced growth and development.

How well have the objectives been achieved? Hard facts are available concerning the numbers of Fellows accommodated in different fields, and some impressive data are at hand concerning work accomplished here. In sixteen years, the Center has provided

fellowships to 722 different individuals, including 136 in psychology, 86 in sociology, 86 in anthropology, and 31 in psychiatry and related specialties. The Ralph W. Tyler Collection, consisting of books produced completely or substantially as a result of their authors' period of residence at the Center, still incomplete, includes more than 450 bound volumes, among them many of the most impressive titles in their fields of the past two decades. No count of shorter writings is available, but they are voluminous.

Evidence of accomplishment of the primary objective, increased competence of the Fellows, is of a different sort. By and large the most conspicuous evidence is the testimony of the Fellows themselves. Discounting this evidence somewhat on the ground that one would expect beneficiaries to be grateful, one is still left with the impression that although some Fellows have missed some structure, some instruction, or some colleagues of just the kind anticipated, for the preponderant majority, the experience has been vastly satisfying and profitable.

TRAINING IN MENTAL HEALTH ELECTRONIC DATA PROCESSING

Mr. Paul Minton
Department of Statistics
Southern Methodist University
Dallas, Texas 75222
**MH-9465 1962-1964

A two-week Institute was held in the summer of 1963 for the purpose of preparing mental health statisticians and other research personnel to utilize electronic data processing. The background of the 26 participants varied, with most having college degrees, several with the M.S., and one Ph.D. All had experience in mental health data processing and/or statistical services, and most were employed in programs located in states served by the Southern Regional Education Board.

TRAINING PROGRAM IN MENTAL HEALTH STATISTICS

Dr. Bernard Greenberg
School of Public Health
University of North Carolina
Chapel Hill, N.C. 27515
MH-10373 1966-1971

It is the objective of this experimental training program to train biostatisticians who will be able to apply their statistical and epidemiological knowledge to the field of mental health. These persons are to be trained at a specified level of proficiency in mental health statistics, this level to be assessed by 1) course grades; 2) a master's degree examination in biostatistics, the specialized area of mental health statistics, and a minor area where appropriate; and 3) a mental health related research project which is done either during supervised field training or supervised statistical consulting.

The training program started operation in July 1967. During fiscal year 1967-68, the training program director was hired, the training program was planned in detail, and the new courses in mental health statistics were developed. The first students were accepted for training in fiscal 1968-69. As of August 1970, there will be nine Master of Science in Public Health (M.S.P.H.) graduates from this program. The entering trainees are typically persons who have bachelor degrees in mathematics, statistics, psychology, biiology, or sociology. So far, about half of them have previously been employed as mental health statisticians before pursuing a master's degree in the area.

Training is under the direction of the Biostatistics Department of the University of North Carolina School of Public Health. Students in this training program also take courses in other departments in the School of Public Health, especially Epidemiology and Mental Health. Also cooperating in the training program are several mental health agencies which have agreed to have mental health statistics student trainees in their agencies for the summer. Some of the cooperating agencies are Fort Logan Mental Health Center in Denver, Rockland State Hospital in Orangeburg, New York State Department of Mental Hygiene in Albany, North Carolina Department of Mental Health in Raleigh, and Hennepin County Mental Health Center in Minneapolis.

The academic components of the training include the regular biostatistics and related courses for a M.S.P.H. or M.S. in Biostatistics. In addition, students take two recently developed courses of three semester hours each in Mental Health Statistics. These courses are "Classification of Mental Disorders" and "Evaluation of Mental Health Programs." The first course includes a history of the classificatory schemata for mental disorders, examination of the currently approved DSM-II, problems of the medical model, other conceptual models of mental

disorder, and statistical techniques useful in classification problems such as cluster analysis, Bayesian analysis, discriminant analysis, and factor analysis. The second course includes a review of the evaluation literature, the use of control and placebo groups, various research designs for evaluative studies, problems of evaluation in mental health, and an actual attempt to evaluate an existing program. In the "Evaluation of Mental Health Programs" course, the students have been statisticians, mental health professionals and administrators, psychiatric nurses, mental health educators, etc. This provides an opportunity to get administrators, professionals, and statisticians together to discuss evaluation and its problems.

The field work is done in a mental health agency under the supervision of a qualified mental health statistician. There are two main objectives of the field training. One is to teach the student how the statistical division of a mental health agency operates, what it does, how it relates to the other components of the organization, etc. The other objective is to give the student guidance and experience in conducting a small research project. This includes definition of the problem, collection and analysis of data, and preparation of a written report.

The M.S.P.H. graduate in Mental Health Statistics will function best in the role of statistical analyst or program analyst. An unusually good student in the M.S.P.H. program could function as a statistical or research consultant after several years of experience. A graduate of the M.S. program will function mainly as a statistical or research consultant. Graduates will be equipped to fill these roles by obtaining a firm background in applied statistics and epidemiology, some background in theoretical statistics, and specialized course work which discusses the current issues and problems in mental health statistics.

Since the University of North Carolina is the only university in the United States which has a training program for mental health statisticians, it certainly is a unique training program. Of course, other universities train statisticians who can then go into the field of mental health, but at UNC the problems of the operating mental health agencies are purposely taken into consideration in the development of the academic program for the students in mental health statistics. This is undoubtedly, the unique feature of this program which is probably not present at any other university.

There were three graduates of this program in August 1969. One is employed as the head of a new statistics division within a recently formed state department of mental health; this is a new position which was not present when this student left the Department of Mental Health for a year's training in mental health statistics at UNC. Another graduate is employed as a mental health staistician. The third graduate is employed by a Maternal and Child Health Care Center at a university and is a member of a research team in maternal and child health.

As of August 1970, there will be six more M.S.P.H. graduates. Two are going into the Commissioned Corps of the United States Public Health Service. One of these will be working in the Biometry Branch of National Institute of Mental Health, and the other will be working at Community Profile Data Center in Rockville, Maryland. The third graduate is returning to her place of employment in a mental retardation facility in Arkansas, and her position will probably be more along the lines of research and statistical consultant. Previously, her position had been to design and implement data systems for the facility. A fourth graduate has taken a position as research and statistical consultant for the North Carolina Department of Mental Health. His previous position had been a statistical analyst with the same department. A fifth graduate is going to graduate school to obtain a Master's degree in Business Administration. A sixth graduate has not accepted a position as yet, but is considering an offer to work as a statistical and epidemiological researcher on congenital birth defects.

The program has had an effect on some of the teaching practices in the School of Public Health. For example, during the first year of the program, there were two courses taught which discussed evaluation of mental health programs - one course for mental health statisticians and one course for mental health professionals and administrators. The course content of these two courses were different, although the general topic was similar. During the second year of the program, these two courses were combined for two-thirds of the semester, giving professionals, administrators, and statisticians an opportunity to interact with their ideas

about program evaluation. During the remaining third of the semester each student elected to go to one section out of two available sections; one section was on psychiatric epidemiology and the other section was on further statistical topics associated with evaluation of mental health programs. A second effect the program has had is the agreement of the training program director to teach a special laboratory section of the basic biostatistics course for students in mental health and community psychiatry. This was requested by the Department of Community Psychiatry, and will give a further opportunity for students who are studying to be statisticians and administrators to communicate.

The training program director has been consulted by persons in the Western states about the development of a similar training program in a Western university. No definite plans have yet been made for this venture.

PSYCHIATRIC EPIDEMIOLOGY

Dr. Ernest M. Gruenberg
Psychiatric Epidemilogy Research Unit
College of Physicians & Surgeons
722 W. 168th Street
New York, N.Y. 10032
*MH-11105 1967-1970

This program provides a post-doctoral experience in association with the Psychiatric Epidemiology Research Unit and related research groups for trained professionals who intend to spend the major part of their career doing research on the epidemilogy of mental disorders.

Three fellows have spent a year in the training program and another three are currently in the training program. The training program is in its third year of operation.

Fellows should have finished their academic training and pursuit of qualifying degrees prior to entering this program, which is post-doctoral. However, some candidates have been matriculated for an additional degree while enrolled in the program. In special situations, a person who has matriculated for a doctorate level degree and completed all of his course work can be accommodated during the period when the thesis research is being conducted, if the thesis topic is mutually agreeable to the Director of the Psychiatric Epidemiology Research Unit and the fellow's thesis committee at his university. Some fellows are conducting their first studies at the postgraduate level, but others come later in their careers at a time when their research work is being redirected toward epidemiology. The program can accommodate even advanced investigators who wish to spend a year in extending their skills or renewing perspective in mid-career.

The facilities significantly cooperating in the training include the Columbia University School of Public Health and Administrative Medicine, University Department of Psychiatry, the New York State Department of Mental Hygiene, the Psychiatric Epidemiology Research Unit, the New York State Psychiatric Institute, the Biometrics Branch of the New York State Department of Mental Hygiene, Hudson River State Hospital, Community Mental Health Center of Dutchess County, Mental Retardation Epidemiology Research Unit of New York State Department of Mental Hygiene.

The program offers the feature of apprenticeship type experience in the conduct of research, with assignment to selected courses to round out the background of the trainee and special Ad Hoc seminars for the trainees, and special tutorial sessions for individual trainees. No degree is offered.

The trainees graduated so far have been placed in active research: One in the Biometrics Branch of the New York State Department of Mental Hygiene, and another in the Mental Retardation Epidemiology Research Unit of the New York State Department of Mental Hygiene, and a third in a Psychiatric Epidemiology Research group associated with the medical research council social psychiatry unit at Lee Hospital, London. The three current trainees appear likely to become closely associated with similar research groups.

This training program's special characteristic is that it emphasizes apprenticeship work roles more than academic course work. It is based on the assumption that academic course work does not get translated into effective research activities when individuals do not have the opportunity to come in direct contact with research problems in progress. It takes more than thesis exercises to familiarize a new research worker with the

issues which become apparent during the conduct of research. The teaching methods are, therefore, flexible and are made for the fellows in the program at the time. It is noted that some subsequent addition can be made to the art of preparing research workers for the responsibility as independent investigators. Another feature of this program is that it does not attempt to make each fellow comprehensively capable of becoming a good principle investigator but rather undertakes to sharpen the skills of specialists of a research team (statistics, psychology, social work, psychiatry, and so forth) and give a practical experience in interdisciplinary teamwork, so that the fellow learns how to contribute specialized skills within the framework of an interdisciplinary project led by a principle investigator.

Section 18.

EARLY CHILD CARE PERSONNEL

TRAINING FOR INTERVENTION IN EARLY CHILD-REARING

Dr. Eleanor Pavenstedt
Tufts University School of Medicine
136 Harrison Avenue
Boston, Mass. 02111
**MH-12168 1970-1973

This project, housed in Columbia Point Health Center, a pioneer community health project, is designed to prepare child care workers who are currently finishing a one year training program for working in day care centers, to go on for a second year of training to equip them, and give them practice, in working with families and child care issues. There are currently six women under a "new career" program sponsored by OEO who have completed or are taking the one year training to become day care workers. These women will be trained for a second year which will concurrently give them their AA degree as well as provide them with the knowledge and skill to serve as family intervention specialists in child care problems.

Potential students for these programs will be selected from high school graduates from among the Columbia Point residents or those who could readily qualify for a high school equivalent certificate. These women would go through a combined academic and practical program. The academic program would require (1) making up their high school equivalency if this has not been done heretofore, (2) courses at Wheelock or Garland College, (3) participating in seminars on child care at the health center. The practical experience will involve participating in the health center program at Columbia Point which calls for day care center operation and a new activity, namely visiting in the homes of families where child care problems may be an issue. This latter has not as yet been undertaken. Further, it is hoped that the women will learn to participate in headstart and preschool programs beyond the early years of training which is now available under the auspices of the health center.

At the completion of the program the women should have earned an Associate of Arts degree from either Wheelock or Garland Colleges and they should be skilled in day care center operation as well as being able to serve as family and child care experts.

INFANT DAY CARE

Miss Elizabeth A. Vernon
Institute for Child Mental Health
119 West 57th Street
New York, N.Y. 10010
MH-12495 1970-1972

This is a demonstration training program for all categories of personnel in infant day care centers. The principal groups to be trained are non-professional day care workers and professional directors and program consultants. The non-professional category must be able to read and write and be over 18 years of age. The professional category includes qualified and experienced workers in early childhood education, nursing and social work.

Infant day care in groups is in the development phase in New York City. It has been introduced as a new component of New York City's already well established day care program for preschool and school age children. As new centers open, infant care will be incorporated in their programs. Employment will be assured for the infant day care workers in new centers. At present no other training for infant day care exists in the New York City area.

One of the principal objectives of the training is to enlarge the natural capacities of the workers to meet the individual needs of infants and to contribute to the creation of a growth-promoting environment.

Another objective is to design and test a curriculum which can be replicated by other institutions.

A further objective is a profile of personality characteristics which seem to be most desirable in infant care workers. Such data should yield better staff screening and evaluation material for the future.

Prior to receipt of the NIMH grant, one group of 13 non-professional trainees was trained over a 30-week period. This group constituted the staff of the first infant day care center in New York City at the Riverside Church.

The program will train approximately 15 non-professional trainees at one time, providing 15 weeks of pre-employment training

and another 15 weeks of seminars after employment commences. During the first 15-week phase, the trainees are placed in infant day care groups as student-assistants to experienced workers. The student placement is supervised and planned by the trainer who also conducts twice-weekly seminar sessions. The content of the seminar sessions includes child development, the role of stimulation, ways of promoting optimum growth as well as techniques of safeguarding the health of the babies. The seminar makes maximum use of the trainees' current experiences in determining topics for discussion.

The second 15-week phase after employment provides a weekly seminar in which trainees can discuss issues encountered on the job and continue their study of the first two to three years of life.

Professional personnel are trained through a 30-week series of seminars, observations and individual conferences. Didactic training emphasizes new knowledge of the first three years of life and the kinds of care which promote optimum development.

From 15 to 20 professionals and 30 to 45 non-professionals can be trained in one year.

Section 19.

CHILD CARE PERSONNEL

INTERDISCIPLINARY EDUCATION OF NON-MEDICAL PROFESSIONAL PERSONS IN PSYCHOANALYTIC PRINCIPLES OF CHILD CARE

Mrs. Esther Schour
Chicago Institute for Pschoanalysis
664 North Michigan Avenue
Chicago, Illinois 60611
***MH-6110 1954-1964

This project taught psychoanalytic principles of child care to non-medical professional persons working with children. The general objective was to influence the training of professional workers through cross-fertilization of the sciences and thus to improve child care in general. The professions included education, psychology, pediatric nursing, public health work, social work and the ministry. The specific objectives were: (1) to expand the student's knowledge and understanding of children and his ability to use improved techniques in helping them and their parents within the framework of his specialty; (2) to prepare the student for more effective teaching and leadership in his own field; (3) to develop an integrated approach to the biological, pediatric, psychological, and sociological study of the child. The program consisted of a post-graduate 3-4 year course of study, with classes two evenings weekly including academic courses and direct work with children.

TRAINING IN THE CLINICAL MANAGEMENT OF EMOTIONALLY DISTURBED CHILDREN IN AN OPEN SETTING

Dr. Elton B. McNeil
Department of Psychology
University of Michigan
Ann Arbor, Michigan 48104
***MH-6622 1958-1966

The Fresh Air Camp was used for a program of graduate and undergraduate interdisciplinary clinical training with emotionally disturbed and delinquent children during the two-month summer period. Trainees were drawn from psychology, social work and psychiatric nursing. The primary task of the training program was to provide a real life experience for professionals in the therapeutic management of disturbed children. To achieve this goal, trainees lived with disturbed children and initially assumed responsibility for their day-to-day care.

CHILD PSYCHOTHERAPY PROGRAM

Mrs. Esther Schour
Chicago Institute for Psychoanalysis
664 North Michigan Avenue
Chicago, Illinois 60611
MH-7790 1962-1967

The Child Therapy Training Program was launched as a unique pilot project in October 1962 under the sponsorship of the Chicago Institute for Psychoanalysis with a four year grant from NIMH, and supplemental support from the Field Foundation. The primary objective was to raise the level of child psychotherapy in social agencies and clinics by training practitioners and supervisors. The goals of the program originally were (1) to provide comprehensive training in child psychotherapy for selected social workers who were already treating emotionally disturbed children in agencies and clinics; (2) to develop in some of its students the capacity to become teachers and supervisors and eventually to participate in training programs of child psychotherapy; (3) to set a standard for such training, and serve as a model for the development of similar training programs elsewhere in the United States, as the need for trained child therapists is a national one. More recently, the goals have expanded to include, (4) the training of a few, selected non-social workers with equivalent training, and (5) to teach consultation for work with trained and untrained personnel in the field of mental health.

The program continued after NIMH support terminated, is now beginning its ninth year. It is an ongoing four-year, part-time, post-Masters training program. It includes two mornings a week of classroom instruction in the theory and practice of child psychotherapy, and in the diagnosis of normalcy and of emotional disturbances. Classes on brief psychotherapy, crisis intervention, and family therapy are included. A unique feature is the class on Preceptorial Teaching where students, in free-wheeling discussions, bring in their most pressing questions to attempt to integrate their learning.

Requirements for enrollment in the program, which has a class starting every other year, are: a Master's Degree, a minimum of two years experience in work with children, sponsorship by a social agency or clinic in which children are treated, and a

personal psychoanalysis. Students have been sponsored by a wide variety of institutions. A total of 32 agencies have sponsored students over the nine year period.

The third class was graduated in June 1970, bringing the total number of graduates to 23. The current class has eleven trainees, and ten applicants have been accepted for the class of 1970-71.

Information about the program has been widely disseminated. This includes papers presented at the annual meetings of the American Psychiatric Association, the American Orthopsychiatric Association, the National Conference on Social Welfare and various local groups. In addition, detailed program descriptions have been sent to many groups requesting information from all over the U.S.A.

The impact of the relatively small number of graduates on the field of child psychotherapy has been decisive, although restricted to the Chicago Metropolitan area. Of those who have received their certificates, eight are now either heads of services or in high level positions in social agencies and clinics. Five are chief of social services, one is executive director of his agency, two are active as consultants to State Programs relating to children's services, and almost all the graduates are in supervisory positions and assist in the training of practitioners. Two of the graduates currently are teaching in the Child Therapy Training Program and the Program's Administrative Director is also a graduate.

Since the NIMH grant was terminated in 1967, financial support has come from several foundations, small grants from individuals, and the continued support of the parent institution, the Chicago Institute for Psychoanalysis.

The project has demonstrated the following: (1) non-medical professionals (social workers and psychologists) can be trained as effective, independent practitioners, supervisors and teachers of child psychotherapy; (2) the graduates of such a training program are able to function as effective trainers of non-mental health professional workers (school teachers, principals, etc.); (3) a model program has been developed that can be used in other communities; (4) the intensive training of a relatively few highly qualified people can have a great impact upon a community.

PROGRAMS IN CHILD DEVELOPMENT AND CHILD CARE

Dr. Guinevere S. Chambers
University of Pittsburgh
Pittsburgh, Pa. 15213
MH-7919 1962-1971

The main objectives of this project were: (1) to expand in size and broaden the focus of the two year graduate program leading to the Master's degree which had been started in 1953; and, (2) to train child care workers in a one year didactic program followed by a year of supervised employment (internship) yielding a certificate.

In the graduate program in the first year of the project, 1962-63, there were 29 students enrolled; in 1969-70 there were 55 students. Twenty-two were graduated in the period from 1962 to September 1969. There were 94 students participating in the certificate program and 92 received their certificates.

While selection for admission procedures for the M.S. program have paralleled in some ways those used in other behavioral sciences, selection for the certificate program was made totally on the basis of personal interviews with the faculty. Later testing indicated that there are many different kinds of people who can successfully work with children, though more mature women than younger women tend to receive higher ratings from faculty and employers.

The students in the M.S. program have been very typical of middle-class graduate students throughout the university. In the certificate program, students' backgrounds ranged from being on public assistance through the upper middle-class. This surprising spread served a most useful function in the training process, since a range in age and economic background in the applicants allowed young and old, affluent and poor, to learn from each other.

There were basic similarities in the academic and field components of the training for the Masters and Certificate students. For each level of training one of the major considerations was to provide a wide base of practical experience with children which would encompass the entire range of development from the essentially normal to the severely disturbed. Another consideration was to provide good theoretical underpinnings which could be easily translated into appropriate methods of aiding the psychosocial development of the mentally retarded, economically

crippled, physically handicapped, dependent and neglected child. Basic premises underlying the design of both programs included study of the normal child to precede study of the abnormal; study of the younger child to precede study of the older; and theoretical and practical study to take place concurrently. Thus, students participated in practica related to the content of the academic work throughout the course of study. A large number of agencies and institutions, serving children of all ages and of all degrees and varieties of abnormality, in the Pittsburgh area and throughout the country, cooperated in providing practicum placements. Differences between the Certificate and M.S. program lay in the depth, intensity and conceptual level of the academic work. Also, the focus of the field experience, which was practically oriented for the certificate students, was both broader and dynamically deeper for the M.S. students.

Once employed, it was expected that M.S. students would continue to take positions primarily involving supervision and administration while the certificate students would provide direct quality care of children.

The project has successfully met its objectives of establishing a stable network of support for a total integrated community program of training child care and child development personnel in the Pittsburgh area. The certificate program has been transferred to the Allegheny Community College where an Associate of Arts degree has been added. A new baccalaureate degree program in child development and child care is to begin in September with 17 full-time students enrolled and the graduate program is fully subscribed for the fall term including Ph.D. students in a variety of allied fields taking a minor in child development and child care. Thus, the project contributed significantly to the department's pioneering achievement in establishing a Career Ladder progression in child development and child care work.

In terms of its impact on the wider community, the program ran the gamut from resistance to final acceptance. Initially, students from this project posed a threat to the more traditional and inflexible professions operating in various institutions. Finally, the students themselves were able to demonstrate to their employers how their skills and commitment brought a quality of care that was not delivered by "off-the-street" employees. In many settings, including residential institutions, state hospitals, and public schools, radical changes in child care practices have taken place as a result of the efforts of the trained child care workers.

As a few examples, an institution that had been putting 8-12 year olds to bed at 7 p.m. has an active evening program, including contact with children in the community, as the result of the efforts of a certificate intern. Another institution is being renovated as the result of a student's initial suggestion for breaking down a large group-living area into smaller, more homelike areas which include facilities for children to help with their own cooking. In the public schools, opposition by teachers has almost disappeared as they have seen that the child care workers have been able to make the children much more accessible to the teachers' specific educational offerings; on referral by the school mental health team, child care workers provide a variety of programs of special care and activity.

Community appreciation for the trained child care worker is now reflected solidly in salary scales in which certified workers in many agencies start at the first increment salary level over the entry rate; and in the county institutionalized children's educational program they begin at the same rate as elementary teachers.

The effect of the project on new training programs has been reflected in voluminous correspondence received from all over the country requesting curricular and operational information. There is a great demand for both levels of graduates for job-openings, for staff members to give in-service lectures, serve on boards of developing programs, meet with visitors from all over the world, and give training in how to conduct similar programs to members of other disciplines such as nurses and social workers. In addition, staff has been told that the program has been directly copied in several instances. Dissemination of the department's work has also taken place through the participation of staff in numerous national child care conferences. These include two state wide meetings in Connecticut, two regional meetings of the Health and Welfare Association, Child Care Associations in New England and New York State, two workshops on training at national meetings of the American Orthopsychiatric Association, and panels for two meetings of the American Psychiatric Association and one of the American Association of Psychiatric Clinics for Children.

Graduates, according to a 1968 analysis of their on-job functions, are applying their education in 16 distinct ways. Among the types of job functions served are: teaching at the college level; supervision (many of the graduates at both levels are supervising other disciplines in their field work); direct work with emotionally disturbed children in a variety of settings (majority of trainees); direct work with normal children in day care centers, nursery schools; community programs (2nd largest number of trainees); work with children in the home (which fills requests made for special duty child care workers for crisis intervention); work in state hospitals (fewest number of graduates); and work in special training functions with children.

The project has implications for effective manpower utilization. There is a definite need for pre-baccalaureate training to meet manpower needs but if these professionals are to survive and achieve job satisfaction, they must be supervised by their own profession. Consequently, it is planned to put greater instructional emphasis on supervision and administration at the graduate level. At the same time, it has been impressive that certificate students have remained at one position for long periods of time, even when working conditions and salary have been less than ideal. Yet, the greatest manpower deficit is for more men and more workers of either sex from the disadvantaged segment of the population.

At the termination of this project, the Department will be supported by the University of Pittsburgh through the School of the Health Related Professions.

A MULTIDISCIPLINARY TRAINING PROGRAM FOR HOUSEPARENTS

Dr. Henry Platt
Devereux Foundation
Devon, Pennsylvania 19333
MH-8108 1963-1968

Within a residential institution serving children who present problems of personal and social adjustment, the day-to-day living situation is a key aspect of their total treatment and rehabilitation plan. Despite the vital role of houseparents in the treatment and rehabilitation procedures, they all too often come to the institution with little or no specialized training or experience to prepare them for their functional duties and responsibilities. The lack of adequate resources for the training of houseparents constitutes a major roadblock to improving the quality of home staff in existing child-care centers. Recognition of this dearth of trained houseparents and "home" supervisors and the lack of existing training programs for them brought about this project.

All states in the U.S. were found to be faced with a critical shortage of trained home staff. At the present time, there are only a small number of full-time training programs for houseparents and of these, about 75% are primarily academic in nature. They offer little or nothing in the way of practical experience and are administered by college, university or other educational institutions. The program described here developed a residential work-study training program that would upgrade the training of potential and functional houseparents.

The objectives of this project were fourfold: (1) to develop a training program that provides prospective houseparents with both academic tutelage and on-the-job supervised experience; (2) to develop objective criteria for the selection of houseparent trainees; (3) to develop the Houseparent's Manual which provides a core of basic information directly related to the daily activities of the child care worker; and (4) to afford child-care workers from other agencies an opportunity for further professional training through two-day workshops conducted on the Devereux campus.

During the five years of this project (1963-1968) there were a total of 51 trainees who entered the 12-month specialized child care training program, with 41 completing it. In terms of group characteristics, these trainees can be described as follows: all were female; all were unmarried; all were high school graduates with a mean grade averaged between "B" and "C"; and approximately 20% had attended college, with an average of three semesters of attendance.

The full year training program given to all child care workers provided an intensive work-study program which combined basic theories of child development, personality dynamics, and group processes along with supervised on-the-job experience in the day-to-day physical and emotional care of the residential population. The course work was designed to transmit to the trainee a body of basic information about the dynamics of child behavior and about techniques of child care that contribute to the effectiveness of the trainee as a houseparent.

This project was unique in that each trainee functioned in the residential center in a way that offered her experiences with the greatest possible variety of children and situations. It is recognized that the more opportunities the trainee has to apply theory to practice, as afforded by an interaction between the classroom and the inservice training, the more effective she will become as a functional houseparent.

The training model developed during the course of this project has been utilized in preparing child care workers for their functional roles in residential settings. The program has demonstrated sufficient flexibility to be adapted by a variety of educational institutions. In addition, many other institutions, including those engaged in caring for children and operating on-going training programs, have requested information on this project and have, no doubt, incorporated some aspects of the Devereux model into their programs.

Ninety percent of those completing the training program have continued employment in the field of child mental health. The majority of these graduates have taken positions as housemothers in residential treatment centers. A significant number have been employed in key positions such as head housemothers or directors of one aspect of a child care program. In addition, some of the program graduates are now serving as instructors in other institutions' child care training programs.

A Houseparent's Manual has been written and field tested at The Devereux Schools and other institutions in the Eastern United States. The initial edition of the manual has been used as a basic text in all of Devereux's child care training programs, including those at the California, Texas, and Massachusetts branches. In addition, a number of private and state child care residential facilities have employed the Houseparent's Manual in their training programs and have provided evaluative feedback for the revised edition.

Information concerning this project has been disseminated in a variety of ways: (1) a mailing list of approximately 5,000 individuals in guidance, special education, psychology, and allied health professions has been compiled for circulation of appropriate information; (2) annual two-day workshops were held during each of the five project years for houseparents from other agencies and institutions; (3) Devereux staff have participated in conferences on the training of effective houseparents held at the University of North Carolina (1964, 1967 & 1968), the University of Louisville (1967), the Southwest Regional Child Care Conference (1969), and East Montana College (1970); (4) professional publications have appeared in Pennsylvania Psychiatric Quarterly, Child Welfare, and Mental Retardation; and (5) the final report was disseminated to interested professionals and nonprofessionals.

The program was continued after termination of the NIMH grant through support of the Devereux Foundation.

MENTAL HEALTH PERSONNEL TRAINING WITH IN-PATIENT CHILDREN

Dr. George E. Gardner
Judge Baker Guidance Center
295 Loganwood Avenue
Boston, Mass. 02115
MH-8545 1964-1969

This program was formulated and implemented to train workers in the four disciplines basic to the operation of a residential treatment center for children; namely, child care, psychiatric nursing, social group work, and special education. The goal of the training sequence was to provide a theoretical and practical curriculum which would enable graduates to assume administrative and supervisory level responsibilities within their specialties in settings other than the one in which the specific program was carried out.

Thirty-seven candidates were accepted for training during the course of the project (September 1964 to June 1969). All those selected had received a baccalaureate level degree in, usually, one of the social sciences, or in nursing. They were enrolled as full-time graduate students in programs at local universities leading to master's degrees in their respective specialties. Upon completion of a combined program of course work and practicum experience, it was assumed that the graduates would occupy senior supervisory level positions in other residential treatment centers or in special education units. Although it had been planned to retain trainees in the center for a two-year period as a feature of their practicum requirement, this ultimately proved to be feasible in only one discipline, child care

work. Trainees from the other three disciplines were confined, mainly due to university requirements, to a maximum of one year in the center. Furthermore, the difficulty in obtaining appropriate students in psychiatric nursing or social group work for the project did, in time, provide the program with a decided cast in the direction of a training sequence for child care workers and special class teachers.

The Manville School and Residence of the Judge Baker Guidance Center along with the four cooperating universities, constituted the basic facilities cooperating in this training program. The center provided individual supervision, practicum experiences deemed peculiar to remedial education and residential care, and a group of seminars devoted to a discussion of theoretical constructs peculiar to those areas of functioning. In time, it became apparent that cross-disciplinary sessions devoted to a review of recorded material obtained in the classroom or the residential unit provided the most effective training model for small groups of students, when used in conjunction with relevant reading assignments. At the same time the resources of an experienced senior clinical staff were constantly available to the students for discussions of specific topics of note.

Career outcomes can be established in thirty-one of the total group of thirty-seven trainees and are as follows: (a) special class teacher, remedial school administrator, school counselor (17); (b) supervisor in a residential treatment center (5); (c) advanced graduate student in psychology, special education or social work (8); (d) housewife (1).

On the basis of these preliminary findings, it appears that the bulk of the graduates have either secured appropriate employment, in view of their training, or have entered more advanced graduate level programs in other related mental health specialties. Experience indicates that graduate level students in special education are readily available for such training projects and enjoy easy entry in their career field. Child care work as a separate specialty, has undergone a series of agonizing crises surrounding the issue of appropriate training for its members. This has served to mark both students and potential employers with uncertainty and has rendered unclear the future status of graduate level training in this field. Though we had only limited experience with candidates for advanced degrees in social group work and psychiatric nursing, they, like the students in special education, had little concern about role definition and felt that appropriate employment was assured.

The project has demonstrated, in part, that it is possible for a well-staffed residential treatment center to assume the major training responsibility for disciplines pertinent to such therapeutic modalities. Despite the observations made earlier, there also appears to be a real need for the supervisory level graduate of such programs since the bulk of our former students presently occupy such posts.

The impact of the project and its findings have been, and are continuing to be, quite extensive. Dialogue between representatives of a variety of university training programs in related areas and members of the staff of the center is ongoing and has been maintained from the early months of the project. Foci of concern range from discussions around the feasibility of, for example, training child care workers at the level of an associate in arts degree to the proper distribution of time for students in these disciplines in terms of field work placement as opposed to formal academic work. The project staff has also been asked to consult with agencies and individuals planning the staffing patterns of new residential treatment centers. Members of the staff have conducted in-service workshops and seminars for personnel in these disciplines for whom such resources are not routinely available.

What has been, perhaps, the most significant accomplishment of the project is that the center continues to operate the training program, even though support by the grant has terminated. During the 1969-1970 academic year seven graduate students in special education and another seven in psychiatric nursing were trained. At the present time the center is negotiating with several universities around providing field work placement for social group work students and trainees in child care work.

The staff intends to disseminate the products of their experiences in their respective roles as consultants to other centers and trainers of students in these disciplines.

STAFF TRAINING IN RESIDENTIAL TREATMENT PROCEDURES

Dr. Richard C. McNabb
LaRue D. Carter Memorial Hospital
1315 W. 10th Street
Indianapolis, Indiana 46027
**MH-8574 1964-1966

Training was provided on an in-service basis for various types of personnel in a hospital children's unit. The training included: (1) preceptor type of experience in the wards under supervision of nursing staff; (2) supervised reading; (3) attendance at all clinical and administrative conferences; (4) small group discussion by professional staff of each discipline, and (5) individual supervision. The program was addressed to psychiatrists, social workers, clinical psychologists, teachers, occupational therapists, recreational therapists, nurses and attendants.

The course was aimed at (1) those persons with little or no experience in dealing with emotionally disturbed children in a State hospital and having responsibility for such programs; (2) houseparents and others caring for emotionally disturbed children in private and public orphanages; (3) staff who are anticipating opening new psychiatric facilities for children.

UNDERGRADUATE EDUCATION OF CHILD CARE SPECIALISTS

Dr. Robert S. Harper
Department of Psychology
Knox College
Galesburg, Illinois 61401
MH-10550 1966-1969

The program was intended to prepare liberal arts college graduates to be responsible for the care of institutionalized emotionally and behaviorally disturbed children and adolescents. During the three years (1966-1969) the project was funded by NIMH, eleven (nine women, two men) junior and senior liberal arts college students participated. The program included an 8-week summer work-learning experience on the Adolescent Unit of the Galesburg State Research Hospital. Significant aspects of the clinical experience included demi-internships in each service contributing to the patients' unified treatment program. The academic program, which earned a major in Human Development, required a minimum of four courses in sociology, five courses in education, and six courses in psychology. Since the program was developed within the framework of a liberal arts college rather than within the framework of a technical school, no special day-by-day course outline has been developed. Educational efforts have been directed toward organizing a curriculum that will help the student develop a concept of the whole child and will orient the student towards therapeutic goals rather than remedial techniques. Students completing this program seem to see few career possibilities in child caring. The positions for which they are qualified are currently held by psychiatric nurses or social workers. These latter professions, however, require a kind of specialized training not needed for child caring personnel. The current problem is that the undergraduate student interested in child caring has no clear role model to emulate.

This specific program probably has had little manpower or attitudinal impact by itself, but coupled with others it has. The director has represented the project on the curriculum planning committee of the Child Care Association of Illinois, on the Illinois Mental Health Planning Board's Council of Universities, at a national conference on child caring, and on programs of the American Orthopsychiatric Association (1968), the American Psychiatric Association (1969, 1970), and the International Congress on Mental Health (1968). An account of the project has been published in Hospital and Community Psychiatry (Nov., 1969). Inquiries from people interested in establishing child care training programs have been received from across the United States, and students, particularly from the eastern United States, have enrolled at Knox because of the program. This program has contributed directly to the establishment of a program at Washburn University in cooperation with the Children's Division of the Menninger Clinic. Since termination of the initial project, the program has continued as a regular college major, with thirteen junior and senior students currently enrolled. Galesburg State Research Hospital continues to cooperate by providing some summer work-learning positions, which under the non-funded program students are required to obtain for themselves.

The ten students who have completed the program have all been employed in mental health related fields, and only one has left the field. Only three were able to obtain positions as Child Care Workers, however,

and only one, who is currently a part-time graduate student in psychology, still remains in such a position. Of the remaining nine, five are teaching in special education, two are social workers, one is a graduate student in rehabilitation counseling, and one is a computer programmer. At least seven of the nine would not have been employed in mental health related fields had it not been for the program. The program continues to grow, but until appropriate role models become available in the clinical situations, most graduates will probably continue to slide into special education.

CONFERENCE ON CURRICULA FOR THE CAREER LADDER IN CHILD AREA

Dr. Guinevere S. Chambers
University of Pittsburgh
1811 O'Hara Street
Pittsburgh, Pa. 15213
MH-11816 1969-1970

The purpose of this project, MH-11816, Conference on Curricula for the Career Ladder in Child Caring Professions, was to stimulate communications on the education of child care personnel, through relevant, national channels. Firmly defined curricular resolutions and models were not expected to emerge. But the airing of essential issues and the projection of unified general goals were believed possible to attain. Therefore, 75 persons were invited to attend a three-day conference held May 20-23, 1969. They represented groups from across the country which provide and control services to children and their families. Extensive efforts were made to have adequate representation of: (1) geographical center and corners of the United States; (2) spokesmen for ethnic and racial minorities, the middle-classes and indigenous workers; (3) professionals from disciplines related to child care; (4) persons experienced as child care practitioners, in staffing, designing and directing children's programs and institutions, and as trainers and writers in the field; (5) educators from institutions of higher learning engaged in administering programs in the care of children; (6) members of the Joint Commission on Mental Health of Children; persons experienced in designing, altering and coping with civil systems; a labor economist; (7) men and women.

Cooperating in this project were the National Institute of Mental Health which granted supporting funds; Western Psychiatric Institute and Clinic, School of Medicine, University of Pittsburgh, under whose wing the then Programs in Child Development and Child Care functioned (Dept. of C.D. & C.C., School of Health Related Professions since July, 1969); the Maurice Falk Foundation of Pittsburgh which provided money for a local trial conference; local agencies and University departments which loaned their personnel to serve as guinea pigs during that test effort; and the institutions and organizations which contributed the time and abilities of their representatives for the main conference.

The "mini"-conference, held on March 10, 1969, brought together approximately the same number of participants as for the national one. They consisted mainly of child care personnel, supervisors and institutional administrators. Their number was augmented by members of related professions, some of whom were engaged in educating for their own specialties. They divided into heterogeneous groups for two work sessions, their tasks to explore two topics: Identification of Roles and Functions of Career Workers in Child Care and, with a report on the first one intervening, Education and Growth Experience Necessary to Fulfill the Roles and Functions. This initial run-through permitted the conference staff to test their theory of design for the "maxi"-conference, explore local opinions and weed out less important issues.

The features of the national meeting were based upon those of the local one. Though the time element was extended from one to three days, the concept of heterogeneous work groups as opposed to lecture forums and workshops was maintained. However, daily tasks were assigned to six paired groups with a synthesizing seventh formed midway by one member from each of the other groups. In order to stimulate interest and begin melding the participants into a cohesive whole, the preliminary session presented a debate by two speakers diametrically opposed in their views of community service programs - i.e., social or mental health concepts. An administrator provided neutrality by describing a successful program for human services; a summarizer correlated similarities and contrasted differences.

The first work session opened with presentations by graduates from six programs in child care and closely related curricula, who gave critiques of their programs.

Comments from the floor preceded the distribution of participants into work groups. While the tasks were not followed exactly as assigned, they served to rouse creativity and draw out pertinent discussion. Essentially, they were:

1. What functions will people in the child caring professions provide? What skills and understandings must they be taught to best fulfill these functions in day care, public schools, private homes, guidance and mental health centers and residential services?

2. What personal qualifications are suitable or unsuitable for these people?

3. How should the necessary skills be taught at direct service and supervisory levels? What type courses and form of classwork? What percentage of time in the field and classroom?

4. What professions and disciplines can best teach the particular skills?

5. What additional services can the child caring professions provide that are not provided by more traditional services?

6. What differences exist between present day practices and what we would consider more ideal ones?

7. What is presently being done about problems to implement the career ladder concept? What needs to be done?

8. What are some practical techniques for evaluating educational programs?

9. What problems do administrators face in their use of Child Care Workers that educators should take into account?

10. What are the minimal education requirements for certificate, associate, bachelor's and master's degrees?

11. Summaries from each group.

The value of the conference lay significantly in dissemination of the concept of education for the child care profession which had received earlier support through the five-year NIMH grant, MH 7919, and through replies to inquiries on the Pittsburgh programs from many sections of the country. Remotely, it strove for the meeting of diverse opinions and approaches related to children's services, with the intent that such rapprochement would unify future efforts in developing curricula in this field.

Most immediately, the conference served as an intensive education vehicle for the participants, with responses indicating interest high enough for a general request to repeat the experience. Copies of numerous curricula of child care programs and papers discussing innovations in services and in the use of workers were made available. Less easily traced results, however, can scarcely be evaluated. Subsequent requests indicate the information has spread to persons not participating. But, we have not learned, for instance, that anyone went away and designed a new program in child care. This project may be said to have substantially fed the impetus toward educating child care workers that began about eight or ten years ago.

In addition, on the basis of this Conference, this Department conducted a workshop at the American Orthopsychiatric Association's conference in March, 1970. The subject, Careers in Child Care: Issues for Colleges, Agencies and Professional Workers, was discussed essentially from the viewpoint of support for career mobility in order to keep and attract competent manpower. Again, available printed material was well received and requests were made for mailings.

A monograph of the Conference proceedings has been completed. The body consists of sections on Roles and Functions of Child Care Workers, Educating the CCW and Related Issues. Sample curricula and conference working papers are included in the appendices. It is expected that 2000 copies will be required to reach the audience identified by the conferees.

Section 20.

NURSERY SCHOOL TEACHERS (For Emotionally Disturbed Children)

TRAINING OF TEACHERS FOR EMOTIONALLY DISTURBED PRE-SCHOOL CHILDREN

Dr. William C. Morse
School of Education
University of Michigan
Ann Arbor, Michigan 48104
MH-10388 1968-1971

This pilot project has produced nineteen graduate level teachers of emotionally disturbed preschool children and data to make an evaluative study of the training process. One overall objective has been to develop a training model based upon the individual personal qualities, academic potential and goals of the candidate. Starting with individuals from a diversity of backgrounds, the two years of training are geared to psycho-educationally oriented professionals. Specialized seminars, teaching programs, internships and materials were developed and studied to aid others wishing to design such training. To insure permanence, this particular program has been integrated into the established training in this University. An additional aim has been to influence current and future educational programs for disturbed young children through the development of skilled personnel who can evaluate the diversity of current theoretical approaches.

A second overall objective is the evaluation of training experiences as they relate to an emerging professional role. A major investment was required to develop a new research methodology functional to the basic philosophy of training: the evolution of a professional from the unque personal self of the trainee. This is an extension of a teacher training theory developed by Coombs.

The training sequence has been designed around the personal nature of each candidate, and related to her past and current needs and experiences. The content and practicum experiences have focused on the development of individual style rather than expectations of group conformity.

Sixteen of the nineteen students completed the two-year sequence. Two equal sized groups are represented: one with a background in early childhood and special education, the others from psychology, sociology or other liberal arts.

The courses are taken in various departments of the university and practica are located in the University, community schools and mental health and medical centers. The children include some normal and seriously disadvantaged as well as moderately and severely emotionally disturbed children. The various University departments offer an extensive number of relevant courses to combine with the specialized practica. The synthesis was provided through small group seminars designed exclusively for these students, and individualized readings and research.

Training includes a semester internship with children for each of two years, an opportunity to organize and run an experimental preschool as a student member of a team and an opportunity to observe, evaluate and consult in area schools.

These teachers plan to work with young children as educationally oriented mental health specialists in an integrated treatment team. They will plan and carry out programs for severly disturbed preschool children in institutions, in preventive settings, such as community mental health centers, and intervention preschools or kindergartens for the severely educationally disadvantaged and neglected, or they will serve as classroom teachers with particular mental health strength in public schools. With the acute shortage of trained and direct service mental health personnel, these teachers fill a vital role in the educational realm.

Graduates are now at work with young children in a community mental health center, in laboratory preschools which train teachers of the disturbed, and in intervention programs for the neglected in public school preschools and kindergartens. Those not in special settings serve as classroom teachers with particular orientation to behavior problems of children. Several are supervising new personnel or training students and more will be taking such roles. A few plan to return for more graduate work to prepare for research or university teaching.

The project has been described in papers at professional meetings and conventions as well as published in proceedings and project interim reports. There are many visitors and consultation has been given to others developing such training. A multi-disciplinary advisory panel met for two-day sessions to give guidance to the project during the first two years. The preparation of a final research and training description is underway.

Even a cursory examination of research in teacher training reveals an unfortunate state of affairs. To move in new directions, the present format utilizes a basic theory of training, namely the unique way the training experience is grafted on the self nature of each individual trainee. There are three main areas where data have been collected: selected high determinant personality variables the trainee brings to the situation; the interaction of these variables with training elements; the direction of change and final performance criteria. Since the theory is individualized and the N is small, the basic study revolves around case prediction methodology with search for possible clusters. Extensive examination has been made in each of the three areas with the expectation of presenting a model for reduced data collection which in turn can be fed back as part of the actual on-going training procedures. These concepts are being given a pilot run in an independent training program for teachers of disturbed children.

Extensive explorations were made in search of relevant and high power determinants in the trainees' original personal complement. Scoring procedures were studied in detail. The impact of training was explored through tape analysis of student interaction in seminars, observations and interviews and ratings of field work performance and written reactions to course work. Much attention has been given to the profile of the teaching performance through the use of supervisor ratings and scaled observation devices as well as audio and visual taping. Each process has required considerable concentration before final utilization, modification or abandonment. The general findings about data sources and the instruments specifically related to training of preschool teachers for emotionally disturbed preschool children will be of value to others.

The research investment on such a small population would be low yield under traditional group experimental approaches. Statisticians have been brought in to work specifically on alternative designs. In the process of examining new theory and techniques for data analysis a bibliography of new directions in this area has been compiled. As the project moves to the final phase the goal is to present a coherent methodology and theory of training which will have viability not only in training models for teachers of the emotionally disturbed young children, but for the field in general. Discussion of such issues has already been well received by colleagues on this and other campuses.

PRE-SCHOOL TEACHERS OF EMOTIONALLY DISTURBED CHILDREN

Miss Miriam G. Lasher
Department of Child Study
Tufts University
Medford, Mass. 02155
***MH-10476 1966-1969

Tufts University conducted a master's level training program to prepare teachers of preschool emotionally disturbed children. The training sequence consisted of a one-year 30-credit program for teachers with previous experience with children, and included classroom study, special exploration of curriculum, an intensive seminar, and a nine-month practicum in clinical setting under the guidance of an experienced teacher of disturbed children.

PROGRAM TO TRAIN TEACHERS OF DISTURBED PRE-SCHOOL CHILDREN

Dr. Marjory Kettell
Wheelock College
Boston, Mass. 02215
MH-10480 1966-1969

The objectives of this program were to train teachers of preschool emotionally disturbed children, to develop a model for college-based training, and to provide information to others interested in establishing a similar program. This pilot project was the only special education curriculum within the host institution, Wheelock College, which is a small teacher education school dedicated only to training teachers in early childhood. During the NIMH pilot project period (1966-1969), 37 people completed their master of education degrees. Their undergraduate majors were about equally represented in education, psychology, and other liberal arts subjects, notably English and fine arts. Candidates were selected for their intelligence, sensitivity, experience with young children, and potential as a teacher.

Academic work comprised half of the program, with core courses in developmental disturbances, curriculum seminar, and three psychology requirements for certification. Throughout the 12-month sequence of one summer plus the academic year there was a strong commitment to practicum. The preceding summer acted as a "buffer" during which students began their tasks of adjusting to an intensive program and the demands of the field itself. Field work for preschool trainees was arranged through cooperating centers:

the James Jackson Putnam Center, Judge Baker Guidance Center (both out-patient child guidance clinics with on-site nursery classes), Orchard Park Day Care Center, and clinical nursery classes under the auspices of the Massachusetts Department of Mental Health. Practicum, then, was the other half of the time/credits which could be spent in a variety of ways, including both preschool and elementary levels, practice teaching and individual tutoring, visiting other settings, and comparing teaching styles. Of particular importance to the training model was emphasis on supervision by faculty members who visited each student often and had a small group of 4 or 5 trainees for weekly meetings in addition. Sensitivity to others was enhanced through voluntary participation in group meetings. Faculty supervisors were the liaison between the college courses and the practicum, helping to "translate" understanding of the child and some curriculum workshop ideas into a plan for developing skills and better behavior management through activities. In addition to extensive supervision, a wide range of curriculum ideas and broad coverage of childhood psychopathology were geared to effecting a flexible teacher who would not be bound to a diagnostic label or any one method. The role model for teachers that was envisioned was an educator with therapeutic skill, particularly in working with small groups, a person who could potentiate emotional development and ego strengths while managing behavior through the media of the group, curriculum materials, and the teacher's own style of sensitive interaction.

Graduates of the program have been able to find excellent job opportunities, until the third year, when the number of preschool classes did not increase along with the supply of teachers. However, since especially in the third year of the program nearly everyone took some practicum and/or class work in elementary as well as preschool children, it was possible to apply for work in the growing number of public school classes for disturbed children. Plans for preschool classes have been initiated, with legislation pending, so that future job openings will be improved.

Evidence of the value of this project is that practicum centers have consistently hired student trainees. As of March 1, 1970, 13 of the 14 NIMH-supported graduates were employed as follows: 3 were teacher-therapists in psychiatric clinics for preschool children; 4 were teachers of special classes in public or private elementary schools; and 1 each were in the following activities; head teacher of a psychiatric clinic for preschool children; regional supervisor of a state department of mental health; teacher of deaf-retarded-disturbed children; substitute teacher; teacher and director at a normal nursery school which takes a few autistic children; and doctoral candidate in the area of early childhood. The 14th graduate is a new mother and is currently not working.

The influence of these graduates has been profound as they have started new classes, worked for new support for disturbed children, set up home visiting programs, worked out behavior modification techniques, and developed new summer programs for therapeutic tutoring of children with learning problems. They are contributing to the emergence of the teacher role with disturbed children and its importance to the mental health team.

The faculty itself has contributed to many of the practicum settings by introducing new ideas, discussions of children, and curriculum innovations that have been by-products of supervising students. Also, papers and seminars have been presented at Boston University Medical School (1968), the National Association for the Education of Young Children (New York, 1968) and Salt Lake City, (1969), the University of Connecticut regional meeting for program directors USOE (1969), and the University of Puerto Rico (1970), describing the program and discussing the area of identification and teaching issues in the area of preschool emotionally disturbed children. In addition, a series of papers was presented at a Spring Conference for Teachers of Emotionally Disturbed Children in Boston, 1969, sponsored by the project. Many of these papers are in process of being submitted for publication. Copies of an overview of the program have been sent to people from 15 states as a result of the NAEYC conferences and have been circulated in the Boston area as well. Syllabus material for childhood developmental disturbances and curriculum courses is being prepared for distribution and has been used this year by the program director in teaching graduate students at Lesley College, Cambridge, Mass. An interaction analysis of supervisory conferences taped during the past year is in process. Finally, the program director was invited to assist in the establishment of a university program for teachers of preschool disturbed children.

Training for this field in one year is difficult because of the wide range of knowledge that a therapeutic teacher must have. If other one-year programs are to work well, it is thought at this time that there should be a second year of paid experience with advanced seminars in parent counseling, administration, supervision, funding sources, etc. Job satisfaction is high, according to follow-up questionnaires, even though there is need for

better salaries and more community support. Of the NIMH trainees, the majority (11 of 14) are working with disturbed children, training other students (6 of 14), lecturing (2 of 14), and writing papers (5 of 14).

This pilot project was not continued by the host institution. The College administration decided that none of its funds could be channeled to this program in the event they had been needed.

THERAPEUTIC NURSERY SCHOOL TEACHER TRAINING

Dr. Saul L. Brown
Department of Child Psychiatry
Cedars-Sinai Medical Center
Los Angeles, California 90048
MH-10547 1966-1974

The objective of the program is to train nursery school teachers to be "educational therapists" whose competence includes ability to evaluate the psychological status of preschool children, to participate in limited psychotherapeutic work with them and their parents when indicated, and to employ specific educational techniques in the nursery classrooms. It is expected that teachers trained in this way will be capable of providing similar training to others.

The training program has been in operation four years. In the first three years it was funded as a pilot demonstration project. Twenty-three students have completed training. In accord with grant requirements, prerequisites for training were a B.A. in any field and at least one year of nursery school experience. Because psychological work with disturbed children and their parents requires mature sensitivity, staff tried to select teachers in the age range somewhere between 27 and 40, and also sought to recruit teachers working in Head Start since one of the training goals was to prepare teachers to train others in such programs as Head Start.

The primary facility for both theory and practicum was the Cedars-Sinai Medical Center. Students worked in the therapeutic nursery school four mornings a week and on the fifth visited various treatment and educational institutions in the greater Los Angeles area. During the second semester each student chose a field placement where she worked one day a week. These included a number of different Head Start agencies, the Dubnoff School, the Los Angeles Child Guidance Clinic, a public school for the educationally handicapped, the California Center for the Neurologically Handicapped, and many others.

The program itself is 10 months in length and follows the regular school calendar; practicum work with the nursery school children is done in the morning and the academic work is conducted in the afternoon. For four days per week the students work in the therapeutic nursery school classrooms. During this time, they work very closely with the head teacher in each group and meet weekly for conference with the chief training teacher.

The academic work consists of the following: 1) a class in educational-therapeutic techniques; 2) a class in clinical aspects of child development; 3) a course in family dynamics; 4) a regular staff meeting in which the problems of one or two children are discussed in depth by all members of the treatment team.

Videotapes have been found of major value. Students have an opportunity to observe themselves and others in the nursery school and in interviewing in a way that allows them to go over segments of interaction.

The graduates have filled a variety of jobs. Three are working in research programs in early education. A number have gone into special education programs with blind, deaf, retarded, orthopedically handicapped, as well as emotionally disturbed children. Several work in Head Start either as teachers or as trainers and supervisors. Employment opportunities have expanded each year, indicating a growing need for teachers with clinical training.

The main significance of this training program is that it has helped to define a new professional group with special competence. The community has responded with an increased interest in the availability of educational therapists who are able to combine educational and therapeutic skills in relation to preschool children. A number of administrators working with very young deaf, blind, and orthopedically handicapped children have acknowledged that approaching the emotional problems of these children requires special skill and knowledge not easily found among teachers of the physically handicapped. Administrators and teachers in normal nursery schools and in Project Head Start are openly admiring of the understanding and skill that graduates of the training program evidence and acknowledge their own felt need for this kind of competence with difficult children.

Impact of this project outside of the clinic itself has been through the employment of graduates in various institutions as noted

above. Follow-up studies of students and evaluations of their work by employers indicate that in almost all cases the students have done work at superior level and in all cases their work was evaluated as above average. Feedback from employing institutions shows that the training program seems to be designed to prepare individuals for almost any work in the field of child development.

Requests have been received from other training centers for outlines of the program in anticipation of developing their own.

Every graduate of the program prior to this report has worked for at least one year since graduation from the program itself. At this time one student has gone on to graduate social work school, one is not working, and a third has stopped temporarily to have a baby. The 20 others have worked continually since their graduation. Each has been involved in training and supervising others. Two have been involved in organizing and initiating programs incorporating many of the techniques of the therapeutic nursery school.

Section 21.

TEACHERS FOR EMOTIONALLY DISTURBED CHILDREN

PROGRAM FOR TRAINING TEACHERS OF EMOTIONALLY DISTURBED AND SOCIALLY MALADJUSTED CHILDREN

Dr. Bruce Balow
Psycho-Educational Clinic
University of Minnesota
Minneapolis, Minnesota 55455
MH-7468 1962-1967

The objective of this program was to prepare specialists to teach emotionally and socially maladjusted children. Sub-objectives were to 1) coordinate a training program using resources already available in the university; 2) develop a sequence of professional courses and seminars; and 3) develop field placements and a program of supervision for project students.

In addition to the originally planned MA degree program for teachers, there has been established a six year Ed.S. program for administrators and supervisors as well as a Ph.D. program for researchers and college teachers.

The original plan was to enroll 12 Master's degree students annually. In the five years of NIMH support (1962-67) there were a total of 60 trainees, 53 funded by the NIMH. In the three subsequent years an additional 30 teacher trainees completed the program. The group may be characterized as bright, emotionally sound, 25 per cent male and 75 per cent female, young (under age 30), and experienced in regular classroom teaching.

A wide variety of community and state facilities have cooperated in the training program by providing supervised field placements for the trainees.

Evaluations have routinely reflected three important facets of the training provided in this 12-month program. In order of importance they appear to be the nine-month, 20 hour weekly supervised field placement, the 90 minute weekly group process seminar (t-group), and the didactic course work. Formal courses of high value were those that provide understanding of the psychodynamics of human behavior and those providing specific instructions in techniques of diagnostic and remedial teaching and of behavior management.

Special teachers for emotionally and socially maladjusted children are in short supply locally and nationally. Public schools and public and private institutions for disturbed and disturbing children have a continuing need for such teachers. Positions include self-contained special classes, resource rooms, itinerant tutorial and similar roles of direct service to children, advisory or helping teachers, and supervisory roles. With only a small proportion of disturbed children receiving educational services, employment opportunities currently and in the foreseeable future are unlimited.

When initiated, in 1961, this project was one of only a very few in the United States. With the advent of widely available federal financing for education in the mid 1960s, through Public Law 88-164, many colleges now have training programs for teachers of seriously emotionally disturbed children. Perhaps the major significance of this project lies in the national leadership provided by the program itself, and by staff and graduates of the program.

As a direct result of the program there were earned, to the present date (August 1970) 65 MA degrees, 8 Ed.S. degrees, and 13 Ph.D. degrees in the area of education of emotionally disturbed children.

The most recent outgrowth of the original project is a one week institute for college professors which the staff has organized and directed each year since 1968. Up to 45 professors from small colleges throughout the United States are brought in each August for a week of lectures, films, seminars, etc. to update their knowledge about education of emotionally disturbed children. The objective is to prepare these college professors for more effective instruction of regular class teachers with whom disturbed children will spend most of their school time. Occasionally, a participant in these institutes develops a special training program upon return to his home college.

The program faculty has delivered papers every year, since 1962, at national and regional meetings of various professional organizations relevant to education of disturbed children. Beginning in 1962 the faculty organized several annual meetings of the directors of similar training programs and were among the organizers of the Council for Children with Behavioral Disorders, a division of the Council for Exceptional Children, NEA.

Until 1968, the only description of such a program ever published in a national journal

was that of this program (Exceptional Children, March 1966).

Each year two or three requests are received from colleges around the country for details of the program. Staff members have lectured on training programs and/or advised on training programs at colleges and state education departments in California, Iowa, Michigan, Minnesota, Nebraska, New York, South Dakota, and Wisconsin. In the last two years there have been visitors from other universities interested in establishing doctoral programs for the preparation of researchers and college teachers in the area of education of emotionally disturbed children. In November of 1969 the doctoral program was presented at a national meeting of program directors for their consideration and possible use.

Upon completion of the program for teachers, trainees usually split into two major groupings. Approximately two-thirds accept special teaching positions; the remaining one-third move into leadership roles or continue on in Graduate School. The vast majority of those who become teachers are placed in special classes in public schools; a number of them have subsequently moved to administrative or other leadership positions, so that currently approximately 50 per cent of the graduates are directly engaged in teaching disturbed children.

All of the graduate administrators and Ph.D. people trained in the program are actively engaged in the training and supervision of others who are, or will be, teaching emotionally and socially maladjusted children.

These program graduates, illustrative of many, have not moved into existing programs or positions and simply held on but have brought substantial change and innovation to school programs. Many have organized new programs in residential institutions, public schools, and colleges. It is expected that major long term gains will derive from the college professors and from the administrators who were started on these careers by this pilot project.

A training film for the crisis teacher model was developed by Professor Frank Wilderson together with Mr. William Smith, one of the program graduates. This 40 minute color film describes the crisis teacher model as one way of making special provisions for emotionally disturbed children in public school regular classes. This film is routinely used in the training programs at all levels, including the institute for college professors.

From a one professor beginning, the University of Minnesota has continued to encourage the development and expansion of this training program. In the mid-1960s the NIMH support was phased out and USOE support for both MA and doctoral programs was obtained. The program continues to receive substantial support from the USOE, Bureau of Education for the Handicapped and from the University itself. Major emphasis has from the beginning been devoted to modeling a program of teacher preparation which could be exported to other institutions and to the development of college teachers and researchers who would go on to provide leadership in other institutions.

TEACHERS OF HYPERACTIVE EMOTIONALLY DISABLED CHILDREN

Dr. William H. Cruickshank
Department of Special Education and Rehabilitation
Syracuse University
Syracuse, New York - 13210
***MH-7559 1962-1967

This program established a training program for selected experienced teachers to enable them to deal with hyperactive emotionally disturbed children in an academic setting. The project included a teacher-training program and an evaluation of the teacher training program. The project provided training to approximately 15 teachers each year with a special concluding two week seminar for the teachers and their superintendents to develop procedures to create such classes in school systems on the local level. The training program was rooted in a method of teaching emotionally disturbed children by "reduced stimulation."

PREPARING TEACHERS FOR EMOTIONALLY DISTRUBED CHILDREN

Dr. Evelyn D. Adlerblum
School of Education
New York University
51 West Fourth Street
New York, N.Y. 10003
MH-8172 1963-1966

The New York University School of Education offers a graduate program for the preparation of specialized teachers qualified to teach

emotionally disturbed children of elementary school age. The program is intended to build upon the professional competence of selected teachers already able to teach in elementary schools. A one-year curriculum of 34 credits leads to the Master of Arts degree, or to a 6th year Certificate of Proficiency for students already holding a Master's degree in Education.

Comprised of new courses specifically designed for its purposes by the inter-disciplinary faculty team who teach them, and characterized by a built-in evaluation process, this program was initiated as a pilot study, sponsored by the National Institute of Mental Health from 1963-1966 (MH-8172). The focus is on:

A. Enabling the teacher to provide, by means of her specialized knowledge, teaching skill, and capacity for fresh inventiveness, the kinds of individualized curricular opportunities for learning which disturbed children particularly require.

B. Enhancing the teacher's ability to engage in ongoing systematic educational assessment of individual children, in order to plan and utilize teaching process and content appropriate to their capacities.

C. Providing teachers with a sound working knowledge of psycho-educational research in the areas of human development, emotional disorders, and therapeutic processes in order to work as a knowledgeable member of the psycho-educational team.

Since its initiation, 90 students have been graduated from the program. Of these 72 were women, and 18 were men. The program began in the Fall of 1963, and has graduated 7 full-time classes.

Two kinds of school populations are sought in practicum facilities:

1. Psycho-socially disadvantaged children in a public school setting

2. Severely disturbed children in specialized school or clinically oriented institutional school setting.

Although excellent teacher models are rare, the objective is to give service to and learn from the reality of schools in action. Criteria include observably favorable teacher-child relationships, openness of teachers to new teaching approaches and their desire to work with the program, and administrative support.

This is a 34-point 2-semester program. Because of close team organization, course work and practicum experience are inter-related to foster skill in teaching. Through joint cross-planning of courses, the staff endeavors to broaden and intensify the way students learn. Students bring their practicum experiences into the classes and teaching is related to them. Students plan, take action, appraise results, and return to the resource of the curriculum course. The course on Emotional Disorders elicits and discusses their responses to particular children, and considers problems of teacher-child interaction. The course in Art Experiences provides ideas and even lends materials for tactile and motor-sensory overtures toward reaching and moving a child responding to his environment. The supervisor of field work provides tape records for language studies. The integration seminars, flexible to student needs, can focus on concerns related to teaching and professional development.

The growing number of new school programs for disturbed children and mental health centers seek out the teaching services of the graduates, hiring them as quickly as they can be prepared. They are generally well received by school administrators, clinical specialists, and other teachers.

In 1966, at the completion of the NIMH Pilot Project period, this program became a regular curriculum of New York University, receiving annual grant support from the U.S. Office of Education. Since then numerous new teacher education programs in this special area have been initiated. Documented reports of the program have been shared with other universities, colleges, private insitutions, and state education departments. Presentations, panels, and workshops have been conducted at such national organizations as The Council for Exceptional Children, American Orthopsychiatric Association, and Council for Children with Behavior Disorders. In New York City the Director of the Bureau for Socially Maladjusted Children, supervisors of the Junior Guidance Programs, and various school administrators meet and consult with staff frequently.

During the past several years there have been visits and correspondence with planners and directors of new and developing programs.

ED 111

A follow-up inventory indicates that most of the graduates are at work in schools with troubled children both in New York City and in other states and other parts of New York State. Four graduates, with considerable experience in teaching, are now collaborative instructors of the curriculum course. Finally, the supervisor of field-work, an important member of the programs' faculty, is a graduate of this program.

After seven years there is evidence that a good proportion of the graduates have above-average effectiveness in their ability to teach troubled children.

Section 22.

MENTAL HEALTH TRAINING FOR TEACHERS

A PROGRAM OF TEACHER-TRAINING TO FACILITATE MENTAL HEALTH

Dr. M. Vere DeVault
School of Education
University of Wisconsin
Madison, Wisconsin 53706
MH-6624 1958-1965

The Wisconsin Teacher Education Research Project was designed to determine what effects different college instructional approaches would have on students preparing to be elementary school teachers. The three instructional approaches included: 1) the Concept-centered approach; 2) the Case Study approach; and 3) the Learner-centered approach. The major question was, how do these different instructional approaches in a teacher's university training affect the mental health of his pupils? Two related questions, which influenced the design of the research, were also investigated. They were: (1) What is the influence of different instructional approaches in teacher-training courses upon the communication behavior of student teachers? and (2) What aspects of teacher communication behavior, if any, influence mental health in the classroom? The study was designed to answer questions about the impact of these differing instructional approaches on students' behavior in elementary classrooms during their junior and senior years while on campus and during their first year as beginning teachers.

Fifty-one students completed the training program in one of the three instructional approaches. Thirty-six of those fifty-one were also used as follow-up subjects during their first year of teaching in classrooms in six states. In addition to the subjects whose teacher preparation was influenced by the nature of the project, fifteen faculty and twenty graduate students were substantially involved in the instructional or research activities of the project. The instructional program included the final two years of the teacher preparation program and the research activities from planning stages to completion of the final report spanned a period of nine years.

University of Wisconsin instructional facilities of the School of Education were the central facilities used in the study. These facilities were supplemented by research and counseling facilities which were specifically related to the implementation of this project. Tape recordings played an important role in the analysis of the instructional methods used by the individual professors and by the subjects in their classrooms as student teachers and as beginning teachers.

The Wisconsin Teacher Education Mental Health Project made significant contributions in a number of areas including research findings and training, and in the training of prospective teachers and teacher educators.

The research contributions of the project provide insight into the nature and importance of the personal dimension of teacher communication in the classroom of the elementary school. The personal dimension factor of teacher communication was the only factor consistently associated with positive scores on school adjustment measures.

Some 20 different research instruments were developed or substantially modified from existing instruments. These instruments not only provided the means for data collection for this project but have served as reference for training materials for other projects later developed but with similar concerns. Five hundred copies of the Wisconsin Teacher Education Research Project: Design and Instrumentation monograph have been distributed as a reference to the general design and the instruments used in the Wisconsin Teacher Education Project.

The present School of Education program for the Culturally Diverse, including both ghetto schools and children in Indian communities has been developed by a faculty member who as a graduate student designed his dissertation study as a part of the mental health project. His present concerns for the mental health of all students on campus and particularly of those whose interests are in the area of the Culturally Diverse can be traced to his training in the project.

The impact of the project on continuing educational planning within the School of Education has been substantial. Several of the principal researchers involved in the program either as faculty or as graduate students are presently on the faculty in leadership positions. In addition to the general contributions of an evolving teacher preparation program, these faculty members

have made significant contributions to our present efforts in the development of the Wisconsin Elementary Teacher Education Project (WETEP). A models project supported by the U.S. Office of Education, WETEP emphasizes a personalized approach to teacher education and is designed among other things to explore the impact of technology on the personalization of teacher education.

MENTAL HEALTH IN TEACHER EDUCATION

Dr. Fred T. Wilhelms
San Francisco State College
San Francisco, California 94132
***MH-6625 1958-1964

The overall purpose of the project was to explore the ways in which mental health concerns could be involved in the education process. The three parts were: (1) the development and the use of teaching techniques which promoted mental health; (2) the production of teachers; and (3) the development of understandings and hypotheses about how to develop teachers who would promote mental health in their students. The action plan for this project was as follows: (1) the college organized small faculty teams, each of which worked with a group of students as long as they were in the program; (2) each faculty team had primary responsibility for its groups in those matters which are characterized by gradual and continuous growth; (3) the College supplemented each team as necessary with specialists to teach those matters which involve a particular expertise; (4) the College cultivated an especially close, cooperative and permissive relationship with a cluster of elementary and secondary schools; and (5) a new program of coursework was experimentally evolved.

A DEMONSTRATION PROGRAM IN MENTAL HEALTH EDUCATION FOR PROSPECTIVE TEACHERS

Dr. Robert Peck
College of Education
University of Texas
Austin, Texas 78712
MH-6635 1958-1964

The aim of this pilot program was to develop and test methods of training teachers which would, in turn, make them more effective in helping children to become self-starting, self-correcting learners who have realistic self-knowledge, self-confidence and a positive responsiveness to other people - indeed, to life in general. Methods were therefore sought which would engender these qualities in teachers, themselves.

During the pilot program, experimental methods of various kinds were used with about 1,000 pre-service teachers. Subsequent projects funded by NIMH and USOE continued this work. The resulting program forms the central, continuing thrust of the Research and Development Center for Teacher Education (USOE). In all, since the inception of the pilot program, approximately 5,000 undergraduate teachers-to-be at The University of Texas at Austin have been involved in one aspect or another of this program. The experimentation has been a joint undertaking of the federal funding agencies, The University of Texas at Austin and the Austin Independent School District where the students do their observation and student teaching.

Out of this work has grown an integrated system of concepts and techniques which personalize instruction to the individual student-teacher. The system's purpose is to enhance the teacher's ability to cope perceptively, autonomously, and effectively with the individual needs of pupils. Highlights of the system include the following processes. All undergraduate candidates for teacher education now go through an assessment process that measures not only subject matter knowledge but experiential background, attitudes and personality characteristics. Drawing all of this information together, a trained counselor discusses with the student his or her major characteristics, how these relate to a teaching career and what the student might do to enhance his own personal and professional development. In essence, this is a "feed-back" session where the student has a chance to see himself objectively, in a realistic but supportively toned atmosphere. Next, the students' actual preoccupying concerns are identified. In the selection and arrangement of course content, efforts are made to time topics so that they are in step with the naturally occurring sequence of concerns which individual students show. Care is taken to adapt teaching-learning experiences to the developmental stage where particular individuals find themselves at a given time. (Underlying this is a conceptual model, empirically derived from the study of students, which sees the teacher as a human being who develops from a self-concerned individual through several stages of concern with professional role requirements to the point of being primarily concerned with the developmental needs of pupils.) Ways have been developed to adapt both sequence and the pace of learning to the specific needs of each student through systems of instructional modules and tutorial help

from older undergraduates who have had student teaching. Content from the traditional fields of professional education is also being converted to self-paced modules on child psychology, on how to identify and live with the organizational structure of schools and how to adopt a team approach to instruction, to name a few examples.

The student is involved, from the outset of training, in actual efforts to teach. The student is videotaped and helped to analyze his own performance as a basis for discovering or devising ways to do a better job of teaching. While adaptations of micro-teaching have been introduced in order to teach specific instructional skills, the unique feature of this program is the personalized way in which videotape feedback is addressed to the specific, individual concerns, characteristics and needs of the individual student, as a person.

The most recent aspect of the program is currently being developed with in-service teachers but it is intended for eventual inclusion in the pre-service program. In this operation, a child behavior consultant helps the teacher learn to identify the coping patterns, and the reasons for them, of children who present particularly challenging problems to that teacher. The consultant and the teacher, together, try out tailor-made instruction, aimed at the individual child, with continuing feedback from videotapes and the teacher's own observations. The consultant also acts as a catalyst to increase the teacher's willingness and skill at calling on other members of the school staff and on outside resource agencies for ideas, materials or action which may help her to meet the child's needs. The effect of this is to dissolve the walls of the self-contained classroom, even when the official organization is still that of one teacher to one classroom of children.

Graduates of this program can operate effectively in conventional school settings but they are also equipped to deal more flexibly and inventively with new forms of school organization, such as team teaching, and with technological improvements which allow for self-paced instruction operated by the children. The uniqueness of this program lies partly in its central idea, which sees the professional act of teaching as an act of continuing self-actualization aimed at maximizing the self-actualization of children in realistically timed and perceptively chosen ways. This is diametrically opposite to the conventional model that actually obtains in most places, where the teacher's main responsibility is seen as communicating a standardized set of information and skills to relatively undifferentiated groups of pupils according to a predetermined timetable. The other unique aspect of this program consists of the specific, new techniques which have been adapted or invented and thereafter assembled into a comprehensive system for accomplishing this purpose. Detailed instructional manuals are currently in preparation which explain each procedure in the system in ways that can be adapted by teacher training institutions, both pre-service and in-service.

Measurement of the effects of this training on graduates of the program have shown significant superiority to conventional programs of teacher education in the directions specified. In a sense, it may be said that the pilot work begun in 1958 has substantially been completed by 1969. Arrangements are now in progress to work cooperatively with teacher-training institutions in several parts of the United States to field test the program, or some of its major components, in other settings. This next phase of the dissemination process involves such institutions as The University of Alabama, The ERIC Regional Educational Laboratory and the Kansas State Teachers College at Emporia.

Information about the program is nationally distributed by the R&D Center through the ERIC Center for Teacher Education, through reports at meetings of AERA, APA, AACTE, and through its own continually expanding mailing list. Videotapes as well as printed materials are used. Visitors and correspondents from many other countries, on every continent, have been given detailed information. Most of the program materials and methods will be commercially published within the next two to three years, as they pass final field tests.

Section 23.

EDUCATIONAL ADMINISTRATORS

A TRAINING PROGRAM FOR SCHOOL ADMINISTRATORS

Dr. Alan J. Thomas
Midwest Administration Center
Department of Education
University of Chicago
Chicago, Illinois 60637
MH-8472 1964-1969

During the period 1964-1969, the Midwest Administration Center, University of Chicago, conducted a training program for educational administrators. This program was based on the behavioral sciences and had as a major objective the training of administrators who would be sensitive to the mental health of students and teachers under their jurisdiction. Faculty from the entire University contributed to this program.

One of the central aspects of the program was a case analysis seminar. In this seminar, students applied the knowledge obtained in their studies of the behavioral and social sciences to the examination of problems in educational administration. Some cases now in the literature were examined. In addition, new case studies were produced.

Following two years on campus, students were placed in residency in an educational organization. During this year of residency, they performed high level administrative tasks and worked toward the completion of a dissertation. Also, during the residency year, students returned at regular intervals for seminars on campus. These seminars were problem-oriented. They provided an opportunity for students and professors to apply concepts and analytical tools from the behavioral sciences to actual critical situations which the students had faced in their organizations.

The main outcome of this experimental program was the opportunity which it provided to test a training model. This model, as noted above, was based on a behavioral science approach to educational administration. The model also incorporated several procedures for using feedback to improve the on-going training program. The result of the implementation and testing of these procedures has been a modification and improvement of present training programs at the University of Chicago. The knowledge gained in this program has been disseminated in informal ways to other institutions. The program resulted in the training of 18 administrators and their placement in significant leadership positions.

EDUCATIONAL ADMINISTRATION IN MULTI-CULTURAL SETTINGS

Dr. Patrick D. Lynch
College of Education
University of New Mexico
Albuquerque, New Mexico 87106
MH-8479 1964-1967

This project conducted by the Department of Educational Administration for the training of school administrators is based on the idea that school administrators create a climate for learning in their building or district. Halpin's work on administrative climate was new at the time the plan was developed, and seemed to have relevance to mental health. To the degree that a school has an open climate, professional people in the school are treated as hard-working equals working toward certain goals, according to Halpin. It was hypothesized that an open climate might also be one where everyone felt self-respect because his culture was recognized as an important contributing factor in the neighborhood, the State, and the Nation. A training program was constructed which attempted to prepare administrators to change schools and school systems toward the kind of open climate which would be conducive to good mental health. Such administrators could use the multi-cultural conceptual background anywhere in the nation to good advantage. The program began in September 1964 with ten trainees.

The training of the multi-cultural program for administrators at the University of New Mexico emphasized the application of the social sciences to administration, with concentration on the concepts of community organization and structure, the nature of culture, cultural variability, phenomena of change in society and institutions, conflict, power dynamics, social structure and function, family structure, and the nature and dynamics of organizations. Internships in communities and in state organizations were a major part of the plan. In the first semester, fellows were trained in community observation techniques. They were sent into communities the next semester for the purpose of analyzing social and power structures. The fellows, in the third semester, served observer and actor roles in state government and lobbying organizations in the State capital. They reported their experiences during the fourth semester. During the first summer, most of the fellows worked on a project relating to community activity or regional activity - for the most

part in an OEO sponsored project described later.

The following were the conceptual and organizational bases of the program:

a. concentration not on the school alone as a social system but on the school as a social system in interaction with the community and region.

b. recognition of the school-community as a system interacting with a complex of cultures, and that the school and community must change together. This concept replaced the model of the school as an Anglo middle-class fortress attracting the "best minds" to it and casting off the rest as flotsam.

c. the necessity for administrator trainees to obtain "gut feeling" as well as cognitive approaches to community structure. This required "living in" the community.

d. a willingness to deal pragmatically with administrator training rather than as is usually done, intuitively.

e. a hope that this conceptual road map for training administrators would not only be the one in use after three years for training all administrators, but would spread to the rest of the College of Education for possible use in counselor and teacher training.

The program had an effect on three other projects housed in the University (the Home Improvement Project, a Civil Rights Project, and the Indian Community Action Project) directly traceable to the NIMH program and the efforts of its trainees and staff.

Three publications and one unpublished paper were written on the program. A total of seventeen trainees went through the program.

ADMINISTRATORS FOR RE-EDUCATION PROGRAMS

Dr. Wilbert W. Lewis
George Peabody College for Teachers
Nashville, Tennessee 37203
***MH-10561 1966-1969

This program trains educational administrators and supervisors of school programs for emotionally disturbed children. The training sequence is offered to young educators who already have the M.A. degree and some experience in school administration or teaching disturbed children. Two program concentrations are offered: experienced administrators are given instruction and practicum work in educational administration and supervision. The Specialist in Education degree is awarded after two quarters of academic course work and practicum, followed by a three-month internship.

Section 24.

SCHOOL CONSULTANTS

TRAINING OF CHILD DEVELOPMENT CONSULTANTS

Dr. Donald D. Neville
Child Study Center
George Peabody College for Teachers
Nashville, Tenn. 37203
MH-10978 1968-1973

George Peabody College for Teachers is conducting a two calendar year graduate program for training child development consultants. The program is arranged so that a major in psychology and education is possible and culminates with a Master of Arts or Specialist in Education Degree, depending on the trainee's educational level at entry. Undergraduate academic preparation may include education, psychology, or other behavioral sciences. The purpose of this program is to train a person whose role would be to facilitate the prevention of developmental and learning problems. The role includes the identification of and assistance to children experiencing difficulties, the referral of children with severe problems to appropriate specialists, consultation with teachers and parents to provide optimal conditions for the development of children, and consultation with administrators and others regarding the general program of the school and related programs in the community.

This program has just completed its second full year of operation (June 1970). The first group of fellows have recently returned from an internship which occurs in the spring semester of the second year of training. Internships were completed in various settings including schools, day care centers, and a special project for preschoolers. In addition, the program now has formal agreements with three school systems for establishing cooperative field placement centers. These centers are located in Nashville, Tennessee; Chattanooga, Tennessee; and Decatur, Georgia, and include plans for internship placements in all of these centers for spring semester for 1971.

As of August 1970, it is anticipated that the program will have nine graduates and 20 fellows engaged in training.

TRAINING CHILD DEVELOPMENT SPECIALISTS

Dr. Donald M. Wonderly
Kent State University
Kent, Ohio 44240
MH-11067 1968-1971

The purpose of this child development specialist program is the training of individuals qualified to function in the schools as members of the pupil services team with special skills in communication, child development, evaluation, and school-community interaction. As a result of their intervention it is hypothesized that the incidence of learning and behavior disorders associated with mental health problems may be significantly reduced. Currently six students are graduating from a two-year training program with six additional students completing their first year.

The program went into operation in September of 1968. Students were selected from several of the social science fields including sociology, education, psychology, etc. Common requirements included: (1) the holding of a baccalaureate degree, (2) eligibility for admission to the graduate program of study in education, and (3) expressed interest in functioning in the mental health field.

The Departments of Early Childhood Education, Sociology, and Urban Studies cooperated in selection and analysis of training. In addition, University facilities in the Child Study Center, the Guidance Laboratory, and the Bureau of Educational Research were made available.

Several school systems, ranging from small communities (Oberlin) to larger cities (Akron) are providing internship opportunities and evaluative assistance. The program comprises three facets: a didactic-practicum aspect, a colloquium aspect, and an internship; these are carried out simultaneously. Students work in the public schools developing such functions as: (1) evaluation of community and school relationships, (2) in-service training of teachers in child development, (3) adjunct to school guidance for young children, (4) inter-personal relationships between staff members, (5) observational and sociometric analysis of classroom interaction, etc.

One of the major problems has been the absence of clearly identified employment opportunities for graduates. The model seems to combine the functions of elementary guidance counselors, school social workers, visiting teachers, school psychologists, curriculum specialists, etc. Among those pupil services most viable as vehicles for the entry of child development specialists into the public schools is that of the school psychologist which has been undergoing extensive revision over recent years. For this reasons, and because of previous contact with local supervisors of

intern school psychologists, it has been found that it is most acceptable to school personnel to place the specialists under such supervision and to identify them generally in that area.

The significance of the program lies in the investigation of the feasibility of making an impact on total populations in the schools using a change agent whose expertise is essentially in the areas of motivation of human behavior and ecological interaction. The most pressing question concerns the extent to which effective practitioners can be trained, given the native ability and background of typical graduate students, the intransigence of school systems, the competition for dollars within the public domain, etc. These and other problems are currently under investigation in terms of feasibility for large scale implementation in the future.

With respect to local impact, six internships in local school districts have provided local school teachers, administrators and pupil personnel staffs with examples of preventive mental health functions. For instance, local school psychologists and their interns are beginning to implement observational and sociometric techniques in the classroom as contrasted to a pure testing approach to data gathering. Teacher and parent group meetings have begun in several schools as a result of intern influence and have produced positive reactions.

In addition, programs have been presented at local and regional meetings of school psychologists and school superintendents, and these groups have responded favorably to proposals for innovations and modifications of existing school policies. At a meeting of Northeastern Ohio School Superintendents, all agreed that each of 12 significant innovations was feasible in their school districts and several requested Child Development Specialist interns for the following school year.

At the State level, staff has presented a proposal for the training of preventive mental health specialists under the school psychology foundation program. This proposal has received the unanimous endorsement of both the Master Plan Committee for long-range school psychology planning in Ohio and the Inter-University Council of School Psychology trainers.

Nationally, a program was presented at the National Association of School Psychologists in which was discussed the need for specialty area training in school psychology with emphasis on a preventive specialty. Judging from audience response to a questionnaire, the preventive specialty was seen as feasible and desirable in a large majority of school systems represented.

A presentation was given at the September 1970 A.P.A. Convention which emphasized the need for preventive mental health specialists and provided a description of the training model.

In Ohio the Preventive Mental Health Specialty Training Program at Kent has been developed under the school psychology rubric and will be supported by state funds for two additional years. This program will include 30 quarter hours of work beyond the Master's degree and will incorporate a work-study approach utilizing state internship support.

Other universities in Ohio are reviewing their training programs in regard to our plan and at least one of these has begun to emphasize specialization at the Master's level.

Consultation with university personnel from other states has resulted in sharing of information concerning obstacles to implementation of various innovative ideas, and methods of increasing acceptance.

At present, three of the students of the first graduating group have firm commitments for the following school year. One is entering a school psychology doctoral program and another will be interning as a school psychologist in a nearby city. The latter student will function in several innovative preventive mental health roles as part of his internship duties. A third student has been offered a position as a child development specialist in a city school system.

We are now developing a series of developmental check lists for scoring of narrative observational records.

Considering our assessment data for internship functions, we have concluded that Child Development Specialists or Preventive School Psychologists can provide valuable services for children, parents, and school professionals. We have found that teachers appreciate in-service and staff development group meetings, particularly if they can be arranged on school time, and that they are eager to obtain information concerning developmental needs of children.

Most teachers have provided opportunities for interns to observe teacher-pupil and pupil-pupil interaction, and have responded positively to suggestions which stem from these observations. Interns have demonstrated, in some cases, that parents seek more involvement with their schools and are receptive to group discussions of children's needs when these discussions are relevant to the age levels of their own children.

TRAINING OF CHILD DEVELOPMENT CONSULTANTS

Dr. Tony C. Milazzo
School of Education
University of Michigan
Ann Arbor, Michigan 48104
MH-11149 1958-1971

The Child Development Consultant (CDC) Project is an attempt through the integration of behavioral scientific theory and clinical experience to prepare educational personnel to aid schools in establishing innovative, individualistic learning environments based on humanistic educational principles.

The major emphasis of the humanistic consultative process of the project is prevention and intervention within the early elementary school program rather than remediation of disadvantaged youth. It is an attempt to refocus the attention of educators, communities, and administrators from the concept of "patching up" (special education model) the so-called unattended ills inherent in the American school system. Thus the teacher remains the central agent for affecting the changes which occur in the classroom while the CSC personnel serve as facilitators in helping teachers develop the skills which will aid them in dealing with the needs of today's youth.

The project is engaged in both the preparation of a new breed of interdisciplinary consultants and the demonstration of the humanistic approach to education in actual school situations. Additional objectives of the project are:

1. Utilization and development of individualized institutional materials and resources.
2. Identification of and experimentation with desirable humanistic resources to solve non-academic problems that impede students' school participation.
3. Promotion of community involvement to increase the concern and participation of parents and other lay persons in the educational processes which their children are experiencing.
4. Provision of consultation to teachers and other school personnel, through on-going workshops, process groups, in-service and pre-service training programs to expose them to new ideas and techniques.
5. Acting as a catalyst for integrating the roles of parents, school personnel, and community toward changing the schools for greater relevancy for todays youth.
6. Elimination of the traditional special education classes and the preparation of special educators to serve as resource people rather than special education teachers.

The training program became operational in the fall of 1968. Ten trainees were selected to participate in a two-year program. Among these ten trainees, five have completed Masters degrees in Education, three have completed course work for specialists degrees in Education and one trainee has completed a major part of the requirements in a program which provides a degree in the Department of Special Education for the Emotionally Disturbed. Nineteen trainees are presently participating in the project.

The consultative role will be characterized by:

1. Working exclusively in a <u>single</u> elementary school
2. Working with the total school climate while emphasizing intervention for children at the early elementary levels.
3. Serving teachers, supervisors, and administrators in efforts to promote mental health approaches rather than as a client service agent to children.

The CDC Program is in operation in seven schools in the inner city of Detroit which are involved in the Urban Program in Education, and in three school systems outside of Detroit Public Schools. Within the Urban Program the CDC has served as a catalyst for promoting change in classroom climates and teacher attitudes within the seven schools.

The Child Development Consultant Program has utilized the existing courses in the behavioral sciences at the university as a basis for preparing for consultative process

in humanistic education. The field work serves to provide a body of knowledge clearly related to the "World" of the consultant trainee in a particular client system. The unique feature of the training program is content material emphasized in the program. The seminars serve as a forum for discussing the problems encountered in the "life space" of the school. The seminars have emphasized consultation theory, change agentry process, strategies for change in social system, curriculum innovation, humanistic education and community involvement. In keeping with its philosophy plans are being made to create curriculum patterns within the project for the year 70-71 which are based upon the educational and interpersonal problems arising out of the social system where change is advocated. The CDC trainees with the staff and personnel have also designed a course to disseminate the goals and philosophy of the project to the larger school staff who are not specifically involved in the Urban Program. The course is entitled "Change Agentry in Programming a Developmental Environment for Schools of Children."

TRAINING PROGRAM FOR THE CHILD DEVELOPMENT SPECIALIST

Dr. Don W. Rapp
Institute of Human Development
Florida State University
Tallahassee, Florida 32306
MH-11199 1968-1971

Florida State University is developing and evaluating a Training Program for the Child Development Specialist. The objectives are to produce professionals 1) sensitive to the "whole child concept", 2) capable of applying child development concepts on every level and segment of the educational structure, 3) able to communicate with administrators, teachers, parents, children, mass media, consulting specialists, and other school personnel and 4) productively able to use evaluative tools. The Child Development Specialist is seen as one who works toward primary prevention; i.e., defining, detecting and sorting out possible future problems. The Child Development Specialist must be trained in such a way as to develop the conceptual skill of placing the child in the context of his full ecology. The program objectives include preparing specialists who will be qualified to perform the following duties:

1. Detect when children have special needs or are likely to have.
2. Assist individuals in receiving necessary services.
3. Coordinate community services received by children and their families so as to prevent duplication of these services.
4. Coordinate school services received by individual children
5. Make home visits so as to work directly with the family. The Child Development Specialist should be able to make contributions concerning dietary practices, family planning, finding parental employment, etc., as well as parent education.
6. Prepare school-wide preventive programs and make periodic reports to principals, administrators, and the Board of Education.
7. Be creative in locating services for individuals if the services are not provided by the school or the community.
8. Develop in-service programs dealing with school and community responsibility and involvement regarding the concept of prevention rather than correction.
9. Engage in action research so as to detect needs and to determine effect of preventive programs.
10. Promote skill and understanding in interpersonal relationships with children, parents, teachers, administrators, and other community members.
11. Utilize an interdisciplinary approach to assure the viewing of children from various disciplines while remaining uncommitted to or identified with any specific professional discipline.

Eight individuals have been trained and graduated . Seven of the eight are now working as Child Development Specialists in elementary schools. The eighth has deferred her employment. All of the trainees had bachelor of science degrees and all but one had experience in teaching elementary school. Seven of the first eight were certified in elementary education, and the eighth had a major in psychology.

The target population for selection has been the elementary school with recruitment directed at county superintendents of schools. The primary effort has been to enlist county superintendents and elementary principals to select and refer individuals to the program with a commitment from the referring school system that these individuals will be employed upon graduation as Child Development Specialists in their home school ystems. This effort has been partly successful with about half of the trainees being referred from public school systems.

The program director and coordinator have met with superintendents of schools in several states, and there has been a consistent statement of need by the superintendents for the Child Development Specialists in elementary schools; however, many superintendents have been unable to refer their teachers to this training program due to budgetary restrictions. Lack of funding appears to be the only deterrent to the rapid development of the Child Development Specialist role in the elementary school.

The uniqueness of the project is in the "generalist" training of the Child Development Specialist whereby the trainee is not just another school counselor, visiting teacher, social worker, school nurse or psychologist, but while performing some of the functions of each one is able to work for the alleviation and prevention of problems which interfere with the child's development and learning in a totalistic approach.

The project accomplishments include the graduation and placement of seven Child Development Specialists in school systems of Florida and Georgia. It is too early as yet to evaluate the impact of the project, but it appears that the Child Development Specialist is uniquely able to deal with problems which are beyond the scope of present pupil-personnel services such as educational counseling, school nursing, school psychologists, social workers, etc.

The benefits to the school systems have been in terms of meeting unmet needs such as those which affect not only the child but his family, neighborhood, and community. The unique contribution of the training program to the school system and the community is, in the full utilization of community resources by an individual, the Child Development Specialist who is functioning as an "agent of change".

Information about the program has been disseminated through participation in state conferences of superintendents of schools, state psychological associations, early childhood education conferences, etc. The response has been encouraging. While professional educators and superintendents of schools acknowledge the need and express a desire for trained Child Development specialists in each elementary school, there is today a general reluctance on the part of boards of education to provide the funding which would make possible the incorporation of this new specialist into the school system.

It appears likely that federal funding is needed in terms of stimulation grants to local school systems which will enable superintendents of schools to hire Child Development Specialists so that through demonstration of their work and effectiveness local school boards may see the role as essential to education. If this is done, the models which are developing at Florida State University and other universities must be incorporated into the graduate programs of many universities with initial federal funding support. At the present time, it appears likely that Florida State University will provide financial support for the continuation of the Child Development Specialist Training Program after termination of federal grant support.

PSYCHOLOGISTS FOR CROSS-ROLE CONSULTATION IN SCHOOLS

Dr. Frederick F. Lighthall
Department of Education
University of Chicago
Chicago, Illinois 60637
MH-11217 1968-1972

The objective of this project is to train and place social psychological specialists for new roles in educational settings. MA social psychological practitioners will assume positions in schools at the building and district levels; Ph.D. social psychological specialists will assume university research and training positions. The focus of the program is on problems of communication, cooperation, and problem solving, primarily among adults, that prevent achievement of goals held by the adults in schools and in the community.

The training program is reaching its second year (June 1970), and is now ready to place one MA practitioner in a public or Archdiocesan school and six interns in public schools; one Ph.D. graduate will assume a research and training position in September 1970. Trainees are recruited from the ranks of Peace Corps returnees, welfare workers, recent liberal arts graduates, college and public school teachers, administrators, and the priesthood. Besides intellectual competence, applicants are favored who have histories of mature work competence and who have formed a stable personal identity.

Academic components of the training program provide concepts, theory, and findings related to psycho-social systems, induced social change,

group dynamics, personality, educational theory, research method, and the history, philosophy, and sociology of education. Field or practicum components include on-campus and off-campus laboratories in interpersonal and group dynamics, observation of communication in schools and analysis of observation records, a year's half-time internship in a school, enacting the role of social psychological specialist, and, for the Ph.D. students, additional participation in co-teaching, co-training, supervision, and/or consultation with schools. The first two years of the Ph.D. program are identical to the program for MA specialists.

The role model is distinctively social psychological in its focus; it is not clinical, i.e., problems are not defined, assessed, or treated as being within the individual. Interpersonal, intergroup, and interlevel relations and functions are the focus: competition with others, fear of others, being blocked from others, misunderstanding others, not making oneself understood to others, not getting the resources others have to offer, being improperly pressured by others, and so on. The specialist's purpose is not so much to diagnose as it is to help others diagnose, not to treat but to help others reach common understandings and common goals. His activities include, at the observable level, walking, listening, inviting others to converse, restating others' questions and points of view, and suggesting alternative ways to look at and work on problems. Beyond the observable level, the specialist thinks and informs himself about how individuals might achieve the understanding they seek by cooperating in different ways with others, how groups might reach common goals and combine their energies to achieve common purposes, how people and positions now out of touch with each other can develop communication with each other, and the like.

The role is also based on milieu and social systems concepts in that the mental health of children is regarded as the outcome of what the adults in the system do, and not what the children do or what the specialists might do to or with them. The learning children gain from interpersonal modeling on the part of adults as well as their peers is conceived to be just as potent a curriculum as the explicit curriculum presented consciously as subject matter.

Both the Chicago Archdiocese and the Chicago Public Schools are cooperating in training first- and second-year students. The Archdiocese has indicated a willingness to develop the role in Archdiocesan schools. The Chicago Public Schools have also indicated such a willingness at the Area level, and efforts to develop certification procedures are under way at the level of the Chicago Board of Examiners and of the State Superintendent of Public Instruction.

At least four features of the program are distinctive and possibly unique. First, the social psychological specialist is a consultant to two well-defined groups at two levels in the organization, and is neither a free-floating professional nor an assistant to a single individual. His location in the organization as member of two groups, one at the building level, where the specialist is attached and where primary work takes place, and the other at the district (or Area) level, where the specialist is assigned and where decisions are made about the length of his work attachment at the building level, insure that he is responsive to priorities at the system level while informed about and active in the realities at the building level on a continuous basis.

A second distinctive feature of the role, and the program, is that its focus is the adults in schools, not primarily the children. Referrals, for example, are referrals of problems adults are having in communicating or working with each other. Sources of referrals, furthermore, are the two advisory groups of which the specialist is a member. Priorities among problems are set by these groups and not by individuals. The rationale for this focus on adults rather than on children, despite the fact that the end purpose is the enhancement of children's mental health, is that in whatever ways and to whatever extent children's mental health is affected by what goes on in school, it is the adults who set the terms and conditions by which amelioration will take place and it is the adults already in the schools who must effect any significant changes.

A third distinctive feature is that, because the role and the training program are new with respect to schools, contact between the program and the first-year graduate will continue. The continued contact with employed practitioners serves both supervisory and feedback functions - both the specialist and the program are improved in the process.

Finally, all students assume programmatic responsibilities as well as course and practicum work. Negotiation for certification, writing the brochure, recruiting and selecting new students, establishing criteria for evaluating student progress, developing evaluation instruments, redesigning examinations, and assessing general program needs - all are functions carried out by student and student-faculty work groups.

TRAINING NEW PERSONNEL FOR BEHAVIOR MODIFICATION

Dr. Donald M. Baer
Department of Human Development
University of Kansas
Lawrence, Kansas 66044
MH-11739 1969-1974

The training program was designed to produce new professionals in the field of child behavior modification, through a two-year Master's program of academic, practicum, and research training using a university preschool as the primary training site. The trainee, upon completion of the program, should be skilled in the analysis of child behavior problems into statements of undesirable behavioral repertoires too high in strength, and desirable behavioral repertoires too low in strength. Thereupon, the trainee should be able to design and implement modification programs based upon social and tangible reinforcement and conceptual programming techniques which will accomplish remediation of the problem. These programs will be implemented according to experimental designs allowing clear analysis of their effects, will be based upon objective measurement through demonstrably reliable observation techniques, and will be pursued until the durability of their outcome is established.

The program has operated under NIMH support for one year. Six trainees have received support, three finishing the program this year (having started it before NIMH support was secured). The trainees usually enter the program with Bachelor's degrees in some area of social science, often in child development or psychology, but occasionally from fields as distant as English or history.

The Kansas Neurological Institute allows trainees experience with institutionalized child behavior problems; the Juniper Gardens Children's Project allows experience with economically disadvantaged ghetto children. The majority of training occurs within the University of Kansas Preschool Laboratories; all courses offered by the Department of Human Development are open to trainees of the program.

The academic program consists of a 40-hour M.A. degree with research thesis. The thesis must be an experimental analysis of a successful remediation of a child behavior problem, either within an individual or within a group of children. As part of the thesis effort, the candidate must demonstrate development and application of a reliable method of accurate, free field observation and quantification of the behaviors involved in the child's problem, and must display experimental analysis of the techniques which remediate that problem. Concurrent course work emphasizes principles of behavior, laboratory experiences with animals and children, and research design appropriate to applied and field settings as well as substantive topics of child behavior (language, socialization, cognitive development) and technique-oriented instruction in modification and programming technologies. Field work consists of daily practicum experience throughout the two year program in preschool settings, acting as an assistant teacher, as well as a semester's experience in another, more specialized setting (preschool for the deaf, day care center for ghetto children, institution for retarded children, etc.

The graduate of the program is well-trained in both preschool education/day care techniques and child behavior modification. She may seek employment in preschools (especially university preschools), day care centers (especially for deprived or handicapped children), child development clinics, departments of child psychology or psychiatry, or research centers. Current requests for graduates from the program are from research- and service-oriented preschools, university research centers, government-funded research projects aimed at ghetto or reservation children, and clinic-schools of psychiatry departments, as well as a variety of Headstart and Follow Through operations.

The project is meant to explore the possibilities of training new personnel in an unusual combination of skills: the very old ones of child care and early education, and the very new ones of behavior modification. This combination is seen as novel, and as not yet thoroughly validated; therefore, this project instills research skills and values in its practitioners, so that they may conduct their practice as an exercise in the proof of its effectiveness, in every case, and as research into the technological development and advancement of the combination.

Section 25.

SPECIALISTS IN SEX, MARRIAGE AND FAMILY

ADVANCED TRAINING FOR SEMINARY TEACHERS OF PASTORAL CARE

Dr. Harold Lief
Family Study in Psychiatry
University of Pennsylvania
Philadelphia, Pa. 19104
MH-8546 1966-1972

This is a one year University based graduate program designed to enrich the understanding of human behavior, specifically in the area of marriage and family living, for faculty members who are teaching or have been selected to teach both didactic and practical aspects of pastoral care in seminaries. The objective of the program is to attempt to modify theological education in the areas of marriage counseling and family life education through changes in seminary curricula stimulated by teachers who have received the year-long specialized training. Since more people with problems in family life, including marriage and sex, seek help from clergymen than from any other professional, it seems strategic to work with selected members of theological faculties so that responsibility for training of future ministers in this area can be undertaken more completely by teachers of pastoral care within the context of their own professional schools. Because of the "ripple" effect, the training of clergymen educators would have a greater effect on the delivery of health care than the direct training of service personnel in related fields.

In order to become more competent trainers of others, the trainees are expected to develop in three primary areas: to broaden their knowledge of personality development, human needs, and the dynamics of behavior; to develop the capacity to relate to their clients in the helping relationship; to apply certain minimal skills in the counseling interview and supervision and in leading family life education groups.

By June 1970, 27 people had completed the program. Nine trainees have been selected for the 1970-71 year. The training program has been in operation since 1964.

The men were selected for training on the basis of promise of contributing to theological education. All of the men held responsible positions and all proved in retrospect to be professionally active and productive people. The group included ten Catholics and eighteen Protestants. Jewish faculty were sought but could not be spared from the two existing seminaries in the United States. The 28 men represented 25 seminaries and 17 states and all held at least a Bachelor of Divinity degree or its equivalent. Nine held a doctorate degree at the time that they matriculated in the program. Forty per cent of the group were full professors, other appointments ranging from instructor to Dean.

Facilities cooperating in the training included Marriage Council of Philadelphia, the clinical arm of the Division of Family Study, a division of the Department of Psychiatry, the Department of Psychiatry itself, which provided consultants, seminar leaders, and some formal course work, the School of Education, other departments in the University such as Sociology, Anthropology, and Psychology, a host of agencies which cooperated with our family life education program such as schools, church groups, PTA's, agencies for teenagers, unmarried pregnant girls, etc.

Nearly half of all the formal course work that was taken by the men during their fellowship year was directly related to the curriculum of the Division of Family Study. The remaining half represented a rather wide exploration in the acquisitions of knowledge in various areas of behavioral science and education, such as courses in counseling and guidance, courses in psychological theory, research methodology, sociology and anthropology, courses in curriculum development and educational methods, and the history of philosophy of education.

The seminars within the Division now include: (1) orientation to marriage and marital problems, (2) techniques of marriage counseling, (3) techniques of crisis intervention, (4) curriculum development in teaching pastoral care, (5) family life education, (6) colloquium on counseling, (7) behavioral sciences, (8) group marriage counseling.

The emphasis throughout the program is on two facets, (1) clinical experience, and (2) the interdisciplinary setting in which the training occurs. Clinical experience involves the management of marital relationships in which couples are seen in conjoint therapy or in groups of couples, and field

work in family life education. The interdisciplinary setting is created by having an interdisciplinary staff representing almost all the mental health professions and an interdisciplinary group of trainees from a variety of other fields. In the last several years, the entire training group, including the seminary professors, has consisted of 15 to 20 people, women as well as men, black as well as white. (Several indigenous workers have been added to each training group as well.) The details of new curriculum material for the seminaries, both in course design and content, can be found in two publications that stem from this training program. One is Professional Growth of Clergymen: involving the learner in the training process, edited by Robert C. Leslie (one of the trainees) and Emily H. Mudd, and a special issue of the Journal of Theological Education (Summer 1969.) Of the eleven independent articles in this special issue, one is by a staff member and the other ten were produced by the trainees. In this special number, the men addressed themselves to vital issues in the preparation of clergy together with specific examples of new course approaches within the seminary and in continuing education.

The length of training is full-time for an academic year. This training also makes the trainee eligible for associate membership in the American Association of Marriage Counselors.

Quality of changes in their present position or promotions reported by all of the trainees, and the character of these changes related directly in most cases to the objectives of the training program. Five of the fellows became directly involved in community mental health centers while another was engaged by a family service agency in full-time family life education work. For most of the men, the significance of their professional activity in altering the character of theological education was clear. Some 27 new courses were established in nine institutions, covering topics such as pastoral counseling, the ministry in group relationships, orientation to marriage and family counseling, or a seminar in supervision. Three master's level programs were projected and another strengthened in pastoral counseling and in family life education. A number of short institutes, extension courses and consultant relationships were established in such diverse areas as development in marriage counseling, sensitivity group techniques, family life education, premarital counseling and sex education. In one seminary, a broad curriculum revision is projected to be implemented over a period of three to four years. Finally, the enrichment and strengthening of ongoing programs and individual teaching was also a pervasive effect directly attributable to the experience in Philadelphia.

Significant strides in evaluating a complex educational program were accomplished during the pilot phase of this program. The details have been published in A Pilot Training Program for Seminary Teachers of Pastoral Care, by Edwin B. Hutchins, Ph.D.

MARRIAGE COUNSELING TRAINING PROGRAM

Dr. Gerhard Neubeck
Family Study Center
University of Minnesota
Minneapolis, Minn. 55455
***MH-8561 1966-1969

This interdisciplinary program provides a graduate year of education in a training sequence in marriage counseling. The purpose of the program is to enrich student's professional competence by providing a concentration in knowledge, research methods and findings, with some exposure through a practicum in marriage counseling. Those admitted to the program for training must have completed full professional education in a profession whose normal function would in some way involve marriage and family counseling (e.g., psychiatry, social work, psychology, law). Formal courses, seminars and practicum comprise the training program.

INSERVICE TRAINING FOR MATERNITY HOME STAFF

Col. Jane E. Wriden (Deceased)
Salvation Army
120 West 14th Street
New York, N.Y. 10011
MH-9520 1966-1968

The project was a six-day intensive workshop for key personnel of maternity homes for unmarried mothers designed to train such personnel to become trainers in local and regional in-service staff development programs. There were 118 participants, chiefly from Salvation Army maternity homes throughout the United States.

Inquiry into the effectiveness of the workshop began during the workshop itself in Chicago in April 1967, and has continued since that time. To assess the value of the workshop for participants and the extent to

which its objectives had been achieved, reactions of participants as individuals and as members of groups were obtained. These explorations, in essence feedbacks, were made at various times during and after the workshop. At the close of the workshop members of the Planning Committee and later recorders of discussion groups submitted their reports. Additionally the participants, grouped by functions, expressed their views during the workshop, immediately following the workshop, after four months, and after one year. In these ways, it was hoped that a fair estimate could be made of the overall value of the workshop.

Perhaps most significant were the staff discussions following the workshop in the local maternity homes and in the administrative regions, particularly in regions where follow-up seminars have been conducted.

Staff is convinced that a good beginning has been made at the local and regional levels in stimulating patterns of in-service training to meet staff needs even though no national blueprint has been designed. There is evidence that local centers and regional offices will continue to follow up the workshop.

One region, for example, has held special workshops with staff in the areas of communication and data processing, two areas designed to increase the effectiveness of staff.

In one region, the following steps are among those in process:

1. Centers are being encouraged to develop systems to improve communication. These include among other things clarifying roles and role relationship.

2. The practice of some of the centers of organizing the staff into "therapeutic" groups is being explored and implemented.

3. The utilization of management consultants at regional offices and at each center is also being emphasized.

The April 1967 workshop was only a beginning in a continuing process of learning.

TRAINING IN CONJOINT FAMILY THERAPY

Dr. Don D. Jackson (Deceased)
Mental Research Institute
555 Middlefield Road
Palo Alto, California 94301
***MH-10001 1962-1967

This program was designed to develop and demonstrate methods for training family therapists. The curriculum content and teaching methods were designed to enlarge the trainee's view of the problems involved, as well as develop skills for dealing with them. Teaching was at several levels of intensity. This summary focuses on the most advanced, or "Intensive" Course.

MRI began the first organized training program in 1959. After a year of support by the Louis W. and Maud Hill Family Foundation, the program was formalized in September 1961, by a training grant from NIMH. With large numbers, didactic teaching is possible, but teaching through direct experience (which is felt to be essential for thorough training) limits the number of individuals who can be involved. Therefore, this training experience was reserved for those most likely to have extensive opportunities to make direct use of it in their own psychotherapeutic practice, work contacts, teaching, consulting and supervision. Therefore, the size of classes were limited to eight, after experience with eight and twelve per class.

Conjoint family therapy rests on theory but is expressed in technique. Often, the technique may not follow from the theory in an obvious fashion, so special attention must be paid to each. However, theory and technique can be meaningfully integrated so the trainee comes away with a sound repertoire of skills and a clear understanding of the ideas underlying those skills. Variety and flexibility characterized the course because of the involvement of many different teachers over the past years. The following teaching aids and techniques were used: (1) Audiotapes - All training sessions, didactic or otherwise, were taped for purpose of further study by the trainees. These tapes were used in a variety of ways, as a focus of their supervision, and to document an interaction, for correction of errors from information without implications of blame. (2) Videotapes - These are a more recent addition to the program. They offer all the features of the audiotape (except economy and inconspicuousness), and in addition, a wealth of non-verbal TV uses. Videotapes are useful both in training therapists, and as an adjunct in treatment by playback to families. (3) Observation - Facilities include two treatment rooms with adjoining observation rooms separated by one-way glass. In the intensive course, each trainee works with a family on a weekly basis, with sessions observed by his teacher and one other peer

his "team mate". Teacher demonstration interviews were also used. Regarding the family reaction, staff tries to communicate that "feedback" is a gift that reports about self, however critical, and can be used constructively by the recipient. (4) Specific therapuetic or diagnostic maneuvers - Certain procedures have emerged from the experience of the staff. In some cases these procedures have been formalized into interview outlines intended for the practicing therapist: (a) Contact interview(s) - during the first contact with a family, the therapist begins to teach some of the principles of functional family interaction. (b) Family history - a detailed documentation of the family's history, including information of the four grandparents and all siblings of the parents. (c) Structured interview - consisting of a number of tasks for the whole family or parts of the family to perform. (d) Home visits - used as a special kind of interview, involving special problems but offering special insights. (5) Research programs - Research activities of the MRI staff have special value to teachers emphasizing "teaching through process." (6) Interactional techniques - interactions within the training group are used to illustrate the principles of family interaction taught, and this is the "teaching through process" referred to previously. (7) Demonstrations - Trainees are provided opportunity to observe at least two families in treatment, other than their own treatment family. Also, training group and treatment family are brought together for mutual feedback. (8) Simulated families - To clarify what it is like to be a member of different types of families, trainees play various roles in simulated family interviews. This procedure also provides insights into the preconception held by the trainees. (9) Supervisory teams - A male and female trainee are paired as a "team" for further training. (10) Consultation - Each trainee is assigned an individual consultant (an experienced family therapist).

Three preliminary courses were evolved to prepare trainees for the intensive program. For the five-year grant period 1962-63 through 1966-67, the following numbers of trainees were enrolled in each course: 44 Intensive, 42 Advanced, 208 Intermediate, 365 Survey, for a total of 659 course enrollments.

Major considerations for selection were estimated competence and motivation to family therapy. Intensive trainees were evenly divided between male and female. There were 14 psychiatrists, 13 psychologists, 9 social workers, 3 nurses, 2 pediatricians, 1 educator, 1 marriage counselor and 1 sociologist. Their approximate educational breakdown was 53% Doctoral, 45% Masters, 2% Bachelor degrees. For trainees whose highest MRI level was the Intermediate or Advanced course, there were 24% Doctoral, 44% Masters, and 32% Bachelor degrees. The mean number of hours of therapy received prior to MRI training was 309 for the Intensive trainees, 171 for the Intermediate and Advanced trainees.

Alumni were questioned concerning how they coped with resistances beyond ordinary institutional inertia encountered in trying to increase acceptance of family therapy concepts, and/or practices, in other work settings. Specifically, they were asked - "With hindsight, what advice can you offer others trying to make similar changes in their institutional or agency settings?" The answers may be illuminating for others trying to gain acceptance of family therapy in their work settings: (1) Go slow in making changes, balance the new with the old. Be explicit about your beliefs but don't oversell. (2) Get the right administrators. Fit into agency needs and philosophy; impress them by being clear and concise, but never assaultive. (3) Work towards alteration in training institutions; residents should be exposed to family therapy; push for staff training, but discourage expectations of thorough learning from a few demonstrations. (4) Invite therapists to observe, first talking to them to make them realize that other current methods are not being attacked; that they do not have to throw away much in the family therapy approach, but there is room for what they already know. (5) Make known that family therapy is valuable, pick a case where conventional therapy is not making headway and then persist with family therapy long enough to demonstrate its value. Nothing is more effective than positive results in gaining acceptance for the family therapy approach. (6) Work through in-service training for counselors, ministers, parents, personnel department heads.

Training materials developed include Satir's book on Conjoint Family Therapy; Bodin's A Family Therapy Training Bibliography: A Selected Topical Bibliography of Family Therapy; an outline of family rules and interventions emphasized in the intensive course; descriptions of new courses and recommendations including suggestions for further innovations; a description of MRI

teaching techniques and aids; outlines of the several courses and various family interviews for specialized purposes; and a number of book chapters, journal papers and papers presented at professional societies. A partial listing of alumni showed that more than 25% have subsequently engaged in family research. Also, at least 36 relevant articles were authored by former trainees, 20% of whom have published on family therapy to date. Dramatic indication of the impact of the program on the community is the proliferation of family therapy institutes in the Bay Area (five others besides MRI), of which four were founded and directed by alumni of the intensive course. Several of these institutions now direct their own family therapy training programs.
Dissemination of information about the program has occured in three main forms: (1) word of mouth - via past trainees and several hundred visitors to the program; (2) presentations at professional meetings, and (3) professional publications based on or making mention of the program. Utilization of training experiences by former trainees was quite extensive. The magnitude of the spread of the effect of the training is reflected in data from a follow-up questionnaire covering five years of MRI training, indicating that 11,856 students received 136,640 student-hours of training from alumni. These figures are probably conservative since they are based on partial returns.

A number of important training issues have been brought into focus, though not completely resolved, by the experience at MRI. Those remaining unresolved are questions of balance, involving optimizing the "mix" of several values so that integration may be appropriate to the particular course. Ideological issues include the balance between interpersonal and intrapsychic points of view, action, and insight oriented interventions, the seminal viewpoint of one pioneer and an eclectic spectrum of views. Pedagogical issues include the balance between theory and practice, studying and treating families, pre-structuring and evolving the course with trainee participation in decisions, personal style, lecture and discussion, observation and doing, substantive feedback by video and audio tape, and unaided observer feedback; supervision by the teacher and outside consultation; task-centered teaching and supervision and trainee-centered teaching and supervision, with personal and perhaps therapeutic elements. Training needs include more knowledge of when to see which subgroups within a family, a new interactional vocabulary, earlier and more continuous teaching of family therapy, audio and video tape libraries, co-teachers, more knowledge on therapist selection of families, and balancing brief therapy of several families and extensive therapy of one family.

Follow-up questionnaires show widespread acceptance of former family therapy trainees in an increasingly broad range of roles, often reflecting professional acceptance, despite new role definitions transcending the traditional disciplinary boundaries.

A progression of family therapy courses with observation throughout the sequence, and live supervision in the final course, has been demonstrated to produce family therapists who are accepted by other professionals, and who involve themselves in much subsequent teaching of family therapy. The high degree of commitment to training others to work with families appears to result from careful and pointed selection, modeling the professional behavior of the course teachers, and experiencing some aspects of doing family therapy supervision while that activity is among those being supervised. The consequent impact on the field has been extensive in both practice and teaching.

CONSULTANTS IN MARITAL AND SEXUAL HEALTH

Dr. Clark E. Vincent
Bowman Gray School of Medicine
Wake Forest University
Winston-Salem, North Carolina 27103
MH-11695 1969-1974

The training program comprises three major foci related to training in communication skills and to the integration of family, marriage and human sexuality content into the medical school curriculum. These three foci are all oriented to the broad objective of training medical students, physicians, and allied-health personnel as consultants in marital and sexual health. The three foci are: (1) basic behavioral sciences training of medical students in order to maximize the available manpower by increasing knowledge and skills for primary prevention and early detection of marital and sexual stress of medical patients before such stress reaches the crises or chronic

stages; (2) the preparation of social scientists and medical school faculty as trainers in the area of marital and sexual health; and (3) the production of video-tapes for use by trainer-trainee faculty in medical schools now initiating teaching-training programs in marital and sexual health.

During the first year of the program a 60-hour first-year course was initiated and required of all 78 freshman medical students and eight "physician assistants." The course "Preparation for Patient Interviewing" includes five units: (1) ten hours of didactic instruction in interviewing; (2) ten hours of demonstration interviews with patients; (3) ten hours of small-group role-playing sessions; (4) ten hours of supervised patient interviewing by students; (5) a ten-hour, small-group seminar on "The Physician and Family Problems," and a ten-hour, small-group seminar on "The Physician and Sexual Problems." Independent evaluations with "before" and "after" measures indicate, for example, increase in empathy-understanding scores and decrease in authoritarian scores for medical students and the "physician assistants" and "pediatric aides." Video-tape productions are on schedule with five such tapes to be completed by the end of the first year.

A six-day institute on "Psycho-social Aspects of Medical Training" was held during the first summer of the project. Ninety-six medical and social science faculty members from 60 different medical schools attended.

Section 26.

LAWYERS AND JUDGES

TRAINING LAW STUDENTS IN THE BEHAVIORAL SCIENCES

Mr. Louis B. Schwartz
Law School
University of Pennsylvania
Philadelphia, Pa. 19104
***MH-6166 1955-1963

The goals of this project were: (1) to develop methods and materials for utilizing relevant modern knowledge of human behavior, particularly psychology and psychiatry, in the study of law and in the training of future lawyers; (2) to facilitate communication between lawyers and psychiatrists and to evolve effective teaching techniques by conducting an experiment in teaching collaboration; (3) to embody the results of this experiment in a collection of teaching materials and a teacher's guide and (4) to train the faculty. Emphasis was placed on the development of coursebooks.

DEVELOPMENT OF CONTENT AND METHODS FOR TEACHING HUMAN BEHAVIOR TO THE LAW STUDENT

Dr. Richard C. Donnelly (Deceased)
Yale University Law School
New Haven, Conn. 06520
***MH-6413 1956-1964

The basic purpose of this project was to develop new teaching materials and methods of instruction and training, and to use and evaluate those materials and methods, in preparing lawyers, critically, to apply the relevant ideas and methods of behavioral science in the practice and scholarship of law.

AN INTER-DISCIPLINARY LAW-MEDICINE INSTITUTE

Mr. William J. Curran
School of Law
Boston University
Boston, Mass. 02208
***MH-6588 1958-1963

The object of this project was to establish a Law-Medicine Institute to be conducted jointly by the Schools of Medicine and Law. This Institute functioned jointly as a center for interdisciplinary training in the overlapping areas of law, medicine, and the behavioral sciences. The long-range plan was to incorporate training and teaching material into the process of the regular ongoing professional education in law and medicine. Behavioral science materials were developed for use in law school courses. Medico-legal materials were developed for medical school education in psychiatry, preventive medicine, industrial medicine, legal medicine, etc. The intent was to train law students as well as medical students and those in allied medical fields, primarily psychiatry. Field work was affiliated with Massachusetts Department of Mental Health's Division of Legal Medicine.

PSYCHIATRY AND LAW FOR THE JUDICIARY

Dr. Seymour Pollack
University of Southern California
School of Medicine
Los Angeles, California 90033
***MH-8278 1963-1968

This project trains jurists in psychiatric principles. The objectives of the training program are: to develop in the judiciary a greater awareness of psychiatric principles and issues involved in law; to demonstrate the influence of this increased awareness upon judicial operations, legal and social processes; and to demonstrate the relationship of the judiciary to contemporary social values and the field of mental health. Training consists of eight two-day institutes per year devoted to topics of importance to judges, and presented by experts drawn from the entire country. Areas covered within the context of law-psychiatry relevance include: personality development, variations in psychiatric frames of reference, conscious and unconscious mechanisms, concepts of free-will and responsibility, mental disease, the psychiatrist as an expert witness, evaluation of testimony, domestic relations, sexual development, psychiatric concepts of various offenses, and penology and probation.

BEHAVIORAL SCIENCE TEACHING IN LAW SCHOOLS

Dr. Herbert C. Modlin
Division of Law and Psychiatry
Menninger Foundation
Topeka, Kansas 66601
***MH-10288 1965-1967

This program conducted four three-day working meetings to consider the need for more behavioral science content in the curriculum of law schools. The conference participants were limited to 12 distinguished persons from psychiatry, law, school

faculties, and social scientists teaching in law schools. The primary objective of the project was to construct a supplementary curriculum of behavioral science (course work and practicum) for the law schools to assist and encourage these schools to include this material within their traditional offering.

PROGRAM FOR TRAINING IN PSYCHIATRY AND LAW

Dr. Seymour Pollack
University of Southern California
School of Medicine
Los Angeles, California 90033
***MH-10289 1965-1967

This project developed a training program to promote communication and improve working relationships among those concerned with psychiatric legal problems. Two major patterns were used in the organization of courses; one plan took some group of problems and had in the course representatives of all the interested groups; the other plan had a course for people from some particular institution who presented their special problem. The training programs were in the following four major areas: (1) law enforcement-seminars with police officers and sheriff deputies directed to recognition and management of the mentally disturbed offender; (2) prosecution-seminars with deputy district and city attorneys, public defenders and state attorney generals directed to psychodynamics of personality development, motivations of antisocial behavior; (3) correction-seminars with correctional officers, parole, probation, and institution staff directed to psychodynamics, group dynamics, and group therapy; and (4) civil areas-seminars with staff in the Department of Adoptions in the Superior Court and Domestic Relations, marriage counselors directed to psychodynamics, family dynamics and brief family therapy.

SUMMER COLLEGE AND WORKSHOPS FOR JUVENILE COURT JUDGES

Mr. John F. X. Irving
National Council of Juvenile Court Judges
1155 E. 60th Street
Chicago, Illinois 60637
***MH-10295 1965-1969

This is an intensive training program for new or recent juvenile court judges as a demonstration of how the problem of equipping judges for the difficult and specialized responsibilities of juvenile and family court work might be approached. The program centers around a four-week summer 'college' but, in actuality, is an integrated ten-month program involving orientation, pre-college extension study and post-college inservice continuation training. The program curriculum focuses on three major areas: (1) law, procedure and function of court; (2) understanding of delinquent behavior and related problems; (3) personal skills, e.g., leadership, communication, interpersonal sensitivity, problem solving styles, role definition.

Section 27.

PERSONNEL IN CRIME & DELINQUENCY

TRAINING PROGRAM FOR PERSONNEL IN AND FOR THE FIELD OF JUVENILE DELINQUENCY

Dr. Irving Kaufman
Department of Psychiatry
Judge Baker Guidance Center
295 Loganwood Avenue
Boston, Mass. 02115
****MH-6252 1955-1961

This program was designed to study and evaluate methods of training clinical and non-clinical personnel in work with juvenile delinquents and their families. A second purpose was the study and evaluation of inservice methods of training personnel already working in the field of juvenile delinquency. The program consisted of didactic training and field experience comprised of a series of lectures and seminars. Inservice training programs were established for juvenile probation officers, personnel from homes for unwed mothers, and police.

JUVENILE DELINQUENCY STUDIES TRAINING PROGRAM

Dr. Jacob Fishman
Institute for Youth Studies
Howard University
Washington, D.C. 20001
***MH-8318 1963-1968

This project represented an innovative attempt to provide interdisciplinary training in the area of delinquency and youth studies to trainees who enrolled for graduate degrees in traditional disciplines. Training was provided by means of classes, seminars, workshops, and field experiences in which the trainees participated in ongoing research and service activities. The specific goals of this program have been: (1) the institution of a number of interdisciplinary courses and field experiences at the level of graduate education which can enrich the programs offered by the schools and departments of the university in regard to the study of youth problems and the prevention and control of juvenile delinquency; (2) a full-time one year interdisciplinary graduate training sequence in "problems of youth" for students in the social sciences and human service professions who wish to qualify themselves to work with socially disadvantaged youth and with delinquent populations. Areas drawn upon include psychiatry, psychology, sociology, anthropology, education, pediatrics, medicine, public health, law, religion, and social work. Full-time graduate and professional students were drawn from the various schools of the university. A certificate is granted on the successful completion of this program. The following courses were offered: (1) Behavioral Research Seminar--2 semesters; (2) Group Development and Counseling--2 semesters; (3) Life Styles of Youth--1 semester; (4) Special Policy Planning, Implementation--1 semester; (5) Utilization and Supervision of the Nonprofessional--1 semester; (6) The Poor and the Potential for Employment--1 semester; (7) Techniques of Rehabilitation--1 semester; (8) Institutional Program for Delinquents--1 semester; (9) Law and Social Change--1 semester; (10) Identity and Social Intervention--1 semester. The practicum consisted of supervised field work in youth programs. Each trainee spent 12 hours a week in a community agency--in most cases either a program operated by the Institute for Youth Studies (research, training or demonstration) or an agency closely affiliated with the purposes and the programs of the Institute.

INTERN FELLOWSHIPS FOR FIELD STUDIES IN CRIMINOLOGY

Dr. Leslie T. Wilkins
School of Criminology
University of California
Berkeley, California 94720
*MH-9579 & MH-10293 1964-1969

The program consisted of three phases: (1) sponsorship of the graduate Intern Fellow by a member of the School of Criminology faculty and the development of a course of study, which lead to a dissertational research project for the Intern; (2) field placement of the Intern with a public or private agency in which this research could be conducted. Alternatively, the Intern, with approval of his faculty sponsor, might embark on a specialized research project which did not involve placement within an outside agency. In these areas laboratory work substituted for placement in a social agency; and (3) the participation by the Intern in a bi-weekly seminar which gave him the opportunity to discuss his research progress with other members of the Intern program as well as with the staff. Each Intern was instructed in research techniques such as electronic data tabulation, survey techniques, questionnaire construction and research methodology. Depending upon the time available, each Intern was required to

make one or more original research presentations before this group and was judged by his faculty sponsor and the Intern project director on his development, ability and technical skills.

The Seminars afforded the students the opportunity to make generalizations and comparisons between agencies other than their own.

Faculty sponsorship was seen as one of the most important aspects of the graduate student's career. Generally, faculty sponsorship of a graduate student occurs informally, whereas in the Intern program, a deliberate effort was made to "match-up" substantive areas of interest and to increase the meaningfulness of the student-teacher relationship.

Field placement of the Intern consisted of observations, participation, and experiencing the daily activities of a formal organization concerned with juvenile delinquency, crime and/or social deviance. The 15-hours per week of field placement provided the Interns with an opportunity to identify and specify problems in the field and their relevance to unsolved problems in criminological literature. For many Interns these problems became the basis for further research inquiries, for the real problems of the outside world cannot be accurately examined by isolating ourselves from the phenomenon.

In addition to the School's four areas of major concern (riots and civil disorders, law enforcement, drug use and abuse, and psychiatric treatment programs) staff added the following additional current concerns as possible (but not limiting) areas: delinquency prevention programs; self-help operations (ex-convict organizations); community organization; private citizen efforts at reform, self-defense, rehabilitation; the administration of criminal justice in minority communities; neighborhood legal assistance; military justice.

Intern field experience and research fell under the following rubrics: police-student confrontations; police roles in the criminal justice system; police-juvenile encounters and services; police and drug abuse procedures; police-crime laboratories; juvenile court and communication theory; a county's juvenile justice system; origins of juvenile court; work furlough practices in four counties; bail and OR practices; parole as a profession and career; county prosecutors; adolescent drug abuse; adolescent culture survey; female offenders; draft resistance; political crime; legal services to minority students; services to black ex-offenders; Chinese-American delinquency; third generation Japanese Americans; Japanese-American crime rates; psycho-therapeutic methods; drug abuse treatment models; communication theory in treatment groups; subjectivity and criminological research; bohemian life styles.

Forty-eight Interns were engaged in field experiences in a variety of social agencies. This had the effect of bringing the School of Criminology itself in much closer liaison with the social welfare, police, judicial, and correctional agencies in the Northern California area. As a result of individual faculty supervision and sponsorship, Interns and faculty were brought together in closer working relationships in areas of mutual research interest.

Thirty-four or 71% of the Intern Fellows have completed their doctoral written and oral examinations and are presently at various stages of completing their dissertations. As of the present time, eleven Fellows or 23% have completed their doctorates and become graduates from the School of Criminology. In addition, another six or 12% of the Fellows expect to complete their graduate training at the end of the Summer 1970 Quarter. During the past five years, twenty-two Intern Fellows have earned their Master of Criminology degrees while enrolled in the field placement program. A student by student breakdown chart is attached at the end of this report.

After the completion of their academic course requirements and the successful passage of their doctoral written and oral examinations, many of the Interns have returned to their former field of employment while others have found placement in new and different fields. For example, a number of Fellows have become faculty members at institutions of higher education. Twenty-three of the forty-eight Interns now have college teaching or high level research and administrative positions.

The Intern Fellows have published over twenty research articles in learned professional journals during and directly following their residence at the School of Criminology. In addition, they have contributed to more than fifteen publications and reports compiled by the School of Criminology in the course of its continuing research on matters of local and national concern. Many of these publications have been directly influenced and inspired by the experiences of the Interns

during their field placement or laboratory assignments.

The program is now well integrated into the School of Criminology. It has the confidence of students, faculty and the agencies of justice, welfare and corrections in the area. The model developed for the integration of field experience and academic study insures that the latter is anchored in the real world while it infuses the former with significant questions concerning effectiveness and direction.

GUIDELINES FOR THE TRAINING OF CORRECTIONAL OFFICERS

Dr. Benjamin Frank
Center for Study of Crime, Delinquency and Corrections
Southern Illinois University
Carbondale, Illinois 62903
**MH-9484 1964-1965

This project convened two workshops of experts representing the executive level of correctional administration, personnel training supervisors, the professions of psychiatry, psychology, social work, education and academic criminologists who were closely associated with the field of corrections. The workshops were devoted mainly to the basic issues involved in relating correctional goals and practices to the development and implementation of training programs for correctional officers. Contemporary trends and research findings in corrections were related to the changing roles and functions of the correctional officer. Training the Correctional Officer, containing the proceedings of the two workshops was published.

MENTAL HEALTH TRAINING FOR LAW ENFORCEMENT OFFICERS

Dr. David J. Pittman
Social Science Institute
Washington University
St. Louis, Missouri 63130
MH-10448 1966-1969

The main objective of this project was to provide professionally oriented training and guidance to law enforcement agencies in the areas of alcoholism, suicidal behavior, mental illness, drug abuse, and sexual deviance. The program began July 1, 1966, and ended June 30, 1970. In that period, 50 upper echelon police officers from throughout the country received extensive training during two-week seminars. The International Association of Chiefs of Police assisted in gaining the cooperation of police departments who sent officers having a voice in departmental policies. The seminar's faculty was also nationally drawn and primarily represented the social sciences, jurisprudence, and psychiatry. All of them were experts in at least one of the five topic areas.

The training program was unique in several ways. Although the police are heavily involved with these five behavioral problems, very little discussion and analysis of them have taken into consideration the policeman's perspective. The seminars allowed the police and experts to exchange ideas and formulate ways in which the police might better deal with persons suffering from these conditions. Thus the meetings were more than a simple pedagogical experience. The officers were asked to put their knowledge into action by developing policies which would not only make them better law enforcers, but also able to help people exhibiting these behavioral conditions.

The seminars laid a foundation from which informational and training brochures on alcoholism, suicidal behavior, sexual deviance, drug abuse, and mental illness could be developed. These publications present an overview of current knowledge of these conditions and especially focus on information crucial for the law enforcement officer. More importantly, they present ways in which departments may more effectively respond to these problems. The brochures are unusual in that they represent a synthesis of many different professional orientations. Also, they constitute a source of material that police departments are not typically exposed to and were designed specifically for the police. In short, they fill a void in the mental health literature, which has essentially ignored law enforcement agencies. The response to the first publication, Alcohol, Alcoholism, and Law Enforcement, has been quite favorable, and a number of departments have taken steps to adopt the detoxification center's model outlined in the brochure. There have been over 500 requests for this document. The other four brochures are entitled, Suicidal Behavior and Law Enforcement, Mental Illness and Law Enforcement, Drugs, Drug Abuse, and Law Enforcement, and Sexual Deviance and Law Enforcement. It is anticipated that approximately 1,000 individuals and organizations will receive each publication.

As with most experimental programs, the

ideas and procedures developed are often initially viewed as radical. In the beginning, both the officers and the experts (who were typically from academic institutions) expressed reservations about working with each other. However, as the program developed, both groups found that they could work together. This is extremely important since any effective program designed to help persons with these conditions necessitates the cooperation of the police and other professions. The feedback from the participating officers clearly indicates that many of their departments are developing liaisons with other relevant community agencies.

CENTER FOR TRAINING IN DIFFERENTIAL TREATMENT

Dr. Marguerite Q. Warren
Institute for the Study of Crime and Delinquency
Suite 606 - Crocker Citizens Bank
7th & J Streets
Sacramento, California 95817
*MH-10893 1967-1970

The primary objective of the Center for Training in Differential Treatment is to develop and evaluate training programs and consultation procedures in the use of Interpersonal Maturity Classification (I-level) and intervention strategies for delinquents based on the Differential Treatment Model. The Center staff consists of a program director, three trainers, one research analyst, and two clerical positions. College students assist in data collection and processing.

Between November, 1967, and June, 1970, 25 training workshops were held, mainly at the Training Center in Sacramento, ranging in duration from one to nine weeks. Numerous shorter presentations of Training Center activities have lasted from two hours to three days. The one-week workshops presented (1) overviews of Differential Treatment for administrators, (2) Differential treatment planning for treatment supervisors, and (3) treatment of specific subtypes for worker specialists. The purpose of two five-week programs was to develop trainers in I-level and Differential Treatment for non-California correctional agencies. The aim of a six-week program was to develop diagnosticians for Reception Centers of the California Youth Authority. Three nine-week sessions focused on the training of regional, interagency Training Teams.

A total of 301 trainees have participated, including representatives of administration, probation and parole supervision and line staff, intake workers, research and training staff, chaplains, academic teachers, and cottage life staff. Academic backgrounds of trainees include 17 Doctorates, 78 Masters, 162 Bachelors, 29 with 1-3 years of college and 15 high school graduates.

Trainees were selected from those agencies which agreed to attempt an implementation of Differential Treatment concepts in some aspect of their program. Trainees have represented agencies working with the range of severity of delinquency problems, from prevention (e.g., Big Brothers) to maximum security institutions for habitual offenders. Workers from juvenile and adult programs, from institution and community-based programs, and from county, state, federal, Canadian province, and private facilities have also been included. In addition, a few participants have been university-based.

Important collaborators in the practicum aspects of the training have been a number of facilities of the California Youth Authority - the Community Treatment Project, the Northern Reception Center, Preston School, O. H. Close School, Karl Holton School, and the Los Angeles Parole Center. In addition, adult probation subsidy units of Santa Clara and San Francisco counties served as observation centers.

Training methods of the Center include didactic presentations, small group discussions, observation of on-going Differential Treatment programs, practicum in interviewing and Differential Treatment planning with individualized feedback from staff. T-group methods have been used, as appropriate, to improve the quality of communication in the training sessions and in the development of Treatment Teams.

A unique feature of the training program relates to its being attached to an on-going demonstration and research project, the Community Treatment Project. The training involves utilization of innovative research findings, as well as teaching both current and evaluative material. Another unique feature of the Center is that the curriculum is based on a rational division of the heterogeneous offender population into sub-groups for which the nature of the problem, the treatment goals and correlated treatment strategies have been defined. One of the most interesting implications of the Differential Treatment Model has to do with the "matching" of clients

and worker style. Center staff have worked with social agencies to help them choose members of their staff most appropriate to work with various kinds of delinquents, as an aid in selecting particular staff for specific treatment training.

Follow-on consultation, typically focusing on help with on-going practicum and in-service training as well as implementation problems, is available to participants and their parent agencies.

Training project assessment procedures include a number of systematic and relatively objective measures of the impact of the program on trainees and their parent agencies. Performance tests are utilized, as are pre-post questionnaires aimed at evaluating treatment stances of trainees and treatment atmospheres of agencies. Ratings on trainees and on agencies are made by trainees, by their supervisors and peers, and by Center staff. Evaluation procedures have been carried out in the following areas: (1) evaluation of the training by trainees, (2) changes in trainees' knowledge and integration of the training content, (3) changes in trainees' technical skills, (4) changes in trainees' attitudes, (5) predisposition to put into practice the new material, (6) changes in job performance, and (7) evaluation of trainees' ability and potential as trainers. An attempt has been made to conceptualize the points of impact between the Differential Treatment training offered and agency organization, policy, and practices. This conceptualization is at the early stages of model development.

Extensive training programs have been established by the trainees on return to their parent agencies. The most extensive training has been conducted by six inter-agency Training Teams in California, which routinely report their activities to the Center. Training Center staff play an important on-going consultation role in the operation of these Teams.

The training appears to have had a very great personal and professional impact on a significant number of participants. Data in this area are rather "soft," since promotions, job changes and new personal commitments must be viewed through a complex of factors. These "testimonial" data, while not scientifically respectable, are meaningful additional payoffs for the Center staff.

The final report of Phase I of the Training Center, completed in the Fall, 1970, includes a large part of the training curricula in detail. Other curricula materials are available on tape, and a small amount is currently available on videotape. A large amount of case material, representing diagnostic interviews with the various delinquent subtypes, is available on loan from the Center.

In addition to project publications, a large number of papers have been presented at professional meetings and conferences. Many more requests for these presentations are received than can be handled by the staff. Visitors from all over the world are frequent.

PREVENTION AND CONTROL OF JUVENILE DELINQUENCY

Dr. Richard J. Clendenon
Law School
University of Minnesota
Minneapolis, Minnesota 55455
*MH-11505 1968-1971

The Juvenile Justice Institutes include two highly related but distinct educational programs, one for police, probation and parole personnel working with juveniles, the other for juvenile court judges with some representation of persons serving as defense counsel in juvenile courts. Through provision of broad and carefully designed educational experiences for these two groups, the Juvenile Justice Institutes strive to contribute to the professionalization of the juvenile justice system. In contrast to "in-service training" the institutes use creditable college level courses which encompass law, communications, behavioral dynamics, and delinquency prevention and control, but also include courses that focus on special concerns and problems faced by each professional group represented in the total student body. Persons enrolled in the Juvenile Officers' Institute may be registered for twelve undergraduate or six graduate credits for the eight week period.

Both the selection of students for the Institutes and the timing of the two programs are aimed to enhance their educational values for all participants. More than half of the students enrolled in the Juvenile Officers' Institute and three/fourths of the judges are drawn from outside Minnesota and include persons from every region of the United States and not infrequently a few from foreign countries. The Juvenile Court Judges' Institute begins three weeks later than the Juvenile Officers' Institute to permit them to operate concurrently over a five week period. This arrangement permits judges, defense counsel, police and correctional personnel to

be brought together for some educational experiences pointed toward development of some cooperative efforts within the various segments of the juvenile justice system.

The combined programs have, over the past 14 years, enrolled a total of 739 representatives of the juvenile justice system. Five hundred ninety-three of the graduates have been juvenile officers and 146 have been judges. Many of the police officers come with but a high school education, some with one or two years of college work. The majority of correctional personnel have undergraduate degrees and most of the judges have law degrees as well. Geographically, registrants have come from 40 different states and ten foreign countries, representing many different roles in the juvenile justice system including: juvenile police officers, police training officers, probation-parole officers, correctional institution workers, correctional training officers, juvenile court judges, juvenile court referees, county attorneys or prosecutors and private attorneys employed by legal aid societies or neighborhood legal service agencies.

During the course of the eight weeks of the Juvenile Officers' Institute and the five weeks of the Juvenile Court Judges' Institute, the students are differentially exposed to a broad selection of coordinated educational experiences made possible through the cooperation of many educators and practitioners of the juvenile justice system. Basic core classes offered in the Institutes for undergraduate or graduate credit are presented in classroom or seminar type sessions with heavy emphasis placed on class discussions and student participation. Additional classes, not offered for credit but extremely important to their comprehensive educational experience, follow a variety of outlines and models. Through the cooperation of representatives of local juvenile justice systems, a field study or practicum program has been developed for the institutes. Used as a laboratory for study, this program brings to the classrooms vivid practical dimensions to the subject matters considered. Another educational experience is provided through the organization of students into small, ten-man discussion groups through which they can examine their effectiveness in relating to others and how other people affect themselves.

It is difficult to measure the impact the Institutes have had on juvenile justice systems locally and across the nation. Most meaningful indices come from recruitment of registrants, feedback materials from graduates and inquiries made about the programs throughout the year.

Either out of desire to improve their present job performance or because they are about to embark on new and greater responsibilities within the system, an increasing number of applications are received each year. Frequently requests are received from police agencies that one or more of their officers be admitted because the department is about to establish a juvenile division or a school liaison program. Special efforts are made to respond to such requests but increased numbers of applications also mean increased rejections since the combined institutes can accommodate no more than about eighty to ninety persons with its present level of staffing. Many individuals and agencies now reserve space in the institutes a year in advance. By and large, recruitment is done through word-of-mouth and distribution of printed announcements upon request. Little if any systematic recruitment has been necessary.

Each year, about three months after the completion of the Juvenile Officers' Institute, graduates and their supervisors are asked to describe any changes in student job responsibilities and work performance which appear to result from their experiences at the university. The range of responses are both interesting and encouraging. Most responses reflect no change in job responsibilities, but do report an increased sense of understanding and knowledge that has improved the graduate's ability to work with troubled youth and other personnel within and outside of the juvenile justice system. Some respondents reported promotions and increased responsibilities and duties as a direct result of their graduation from the Institutes. These promotions have included everything from becoming supervisors, heads of departmental divisions, and training officers to advances in salaries for better performance of the same work. Many judges report that they have developed and introduced new programs and procedures into their courts and related services. Several of them have structured programs through which they can improve communications between service agencies working within the court system to prevent future problems and develop effective coordinated working relationships.

Throughout the year inquiries are received from organizations of all types requesting information about the Institutes and advice

on planning and conducting educational programs of like nature. Many of these inquiries are from agencies organizing in-service training programs. However, other universities have also asked help in planning educational programs modeled upon the Institutes.

No attempts have ever been made to bring into the institutes persons who are not presently employed within the juvenile justice system. The thrust of the programs has been to upgrade the students' work performance back on the job.

Projected plans for the institutes are to continue seeking about the same level of financial support for future institutes as has been received in the past. In late 1968, the University of Minnesota increased its commitment to the program by furnishing the salaried position of assistant to the Director, who is also salaried by the University. Increasingly, agencies and departments which have been sending representatives to the institutes have obtained means by which they can assist in paying part or all of the registants' living and travel expenses while at the University.

Section 28.

ALCOHOLISM AND DRUG ABUSE PERSONNEL

Dr. Edward Blacker
Massachusetts Health Research Institute, Inc.
8 Ashburton Place
Boston, Massachusetts 02108
*MH-7460 1961-1967

The major objectives of the program have been:

(1) To train the students in an interdisciplinary (behavioral and social science) approach in alcoholism;

(2) To train and recruit students for operating more effectively in research, clinical or academic settings either wholly or partly concerned with alcoholism;

(3) To contribute knowledge in the field of alcoholism during and after the trainee's experience in the program.

Each of these aims is directed, of course, to the over-all aim of training individuals whose future research and other activities will further the understanding of alcoholism as a social and clinical problem.

The training program began in the 1961-62 academic year and will complete its ninth year of operation in June 1970. In this period of time, 51 different graduate students in the behavioral and social sciences have graduated from the program.

The training program is a cooperative effort of the Massachusetts Division of Alcoholism, universities in the Boston area, and various field settings. Particpating universities include Boston University, Brandeis, Harvard, and Tufts. Participating field settings include inpatient and outpatient alcoholism services, correctional institutions serving the drunk offender, and the Division of Alcoholism itself. The selected field settings are staffed by highly qualified researchers and clinicians competent to provide expert supervision.

The training program model includes weekly seminars, a field placement, and completion of an original research project. All together, the students spend from two to three days a week on the program. A unique feature of the program is the cooperative model which includes interdependence of state government, private universities, and private field facilities.

A survey to evaluate the program was conducted on the students who were involved in the first four years of the program. The results of this survey indicated that over 75% of the students rated the training program model as good or excellent. The survey also showed that 72% of the individuals had worked either part-time or full-time in alcoholism. In addition the students had published approximately 35 papers in various professional journals on the subject of alcoholism. These results were extremely gratifying. It is known informally that these students and many other students since that time have also worked with alcoholism problems and have published information in this field. Of the 51 students, 10 completed doctoral dissertations on the subject of alcoholism. It is intended that a new survey of graduates will be conducted in 1970.

Because of their participation in this program, the interest generated in the faculty has led to other types of spin-offs in the universities where the faculty are teaching. For example, a member of the faculty has developed a six-week intensive training program for about 40 six-year-program medical students at Boston University. Another faculty member has now included a basic core of readings on alcoholism which all students in the Social Psychology graduate programs at Harvard are required to cover.

Many of the former students are in key positions in universities and clinical programs and have been exposing new generations of students and clinicians to the subject matter of alcoholism. For example one of the former trainees in Alaska is developing a comprehensive alcoholism program for that state.

A description of the training program was made in a paper presented at the annual meeting of the American Psychiatric Association in 1967. This paper is also published in the American Journal of Psychiatry, 124: 12, June 1968. This paper describes in greater detail the program model as well as the results of the survey of students who had participated in the program. Reprint requests have been received in large numbers from all over the United States and the world. Many individuals have used the model of the training program to help develop their own training models with different target groups.

A PSYCHOPHARMACOLOGY TRAINING PROGRAM FOR YOUTH WORKERS

Dr. Joseph J. Levin
Department of Psychology and Neurology
2020 West Ogden Avenue
The Chicago Medical School
Chicago, Illinois 60612
***MH-8576 1965-1968

This program trained a variety of youth workers in the psychological and pharmacological correlates of drug abuse so that they would be better prepared to educate children in the dangers, as well as the psychiatric significance, of drug abuse. Groups of trainees were trained each year by means of weekly seminars. Teaching materials relating to the psychopharmacology of drug abuse suitable for non-medical mental health personnel were developed.

CLINICAL TRAINING IN ALCOHOLISM FOR CHAPLAINS

Dr. Vernelle Fox
Georgia Department of Public Health
47 Trinity Avenue
Atlanta, Georgia 30303
*MH-8589 1964-1969

This project began July 1, 1964, and terminated June 30, 1969. The objectives were: (1) to develop and test models for the training of ministers at several different levels in the field of alcoholism; (2) to demonstrate what can be done to more adequately prepare theological students and ministers as a community resource and workers in the clinical settings; (3) to develop curricula and technical material useful to other facilities; (4) to train a significant number of ministers and seminarians in the field of alcoholism.

A total of 1360 clergymen completed various levels of training. In two-day Workshops held both in the local community and in the Georgian Clinic setting, a total of 70 clergymen participated. In a 14-week Workshop, 10 clergymen participated. The intensive one-week orientation held in the clinical setting reached 223 clergymen. A classroom course of one-week intensity included 852 Seminary students. A clinical based course reached 145 Seminary students. Sixty clergy were trained in the clinical setting on a full-time basis from 3 months to 12 months.

The clinical setting for all the training was the Georgian Clinic, with the cooperation of the Georgian Association of Pastoral Care and the State Department of Public Health. The academic material was taught by the training staff.

The significance of the project has been the development of a training model which can be used for any professional discipline to train personnel for care taking roles with alcoholics.

Clergymen trained here have been employed as Alcoholism Coordinators, and are widely sought as chaplains and trainors of other clergymen. The Pacific School of Alcohol Studies has used the model developed here in their NIMH Project.

The three-year report, "Pilot Project for Clinical Training of Clergymen in the Field of Alcoholism" - was published in 1967. This presented the core curriculum of experiences used in the training. A didactic course has been developed from this which is used in teaching a course, "Pastoral Counseling of the Alcoholic & Family" at the Rutgers School of Alcohol Studies. The Pilot Project Report was distributed to Theological Seminaries, Clinical Chaplain Supervisors, North American Association of Alcoholism Program Agency Members and numerous private individuals. A total of about 3,000 have been distributed. Papers have been presented by the training staff at the Northeast Institute of Alcohol Studies, North Conway Institute, NAAAP annual meeting, Rutgers School, and Southeastern School of Alcohol Studies. The project has been presented at workshops in Maryland, Iowa, Virginia and other states. A preliminary evaluation study indicated significant attitudinal and functional changes taking place in clergymen toward alcoholics and indicated more significant changes in the full-time Internship group.

Since the project's completion, the State Health Department incorporated the training staff in the training staff of the Georgia Mental Health Institute and clergy training has continued.

The project has definitely proved that the clergyman is a trainable, readily-available resource in the community and can be trained as a valuable team member working with the alcoholic.

TRAINING IN COMMUNITY MENTAL HEALTH

Dr. Richard Brotman
Department of Psychiatry
New York Medical College
106th Street and 5th Avenue
New York, N.Y. 10029
MH-10279 1966-1969

The Division of Community Mental Health offers a variety of training programs for professionals, pre-professional students, and community non-professionals active in the field of human services. The programs are individualized in approach, and are intended to affect attitudes as well as knowledge and skills.

All of the training programs are functional, which is to say that the emphasis is on doing, in real situations. Learning generally proceeds through a sequence of: orientation (techniques, conceptual framework), experience, analysis with hypothesis formation, further experience for hypothesis testing, further analysis, and so on. The trainee develops and practices a variety of roles. Social and professional concepts evolve from the trainee's work in interaction with the permanent staff.

The Division regularly works with trainees from the following disciplines: nursing, social work, (casework and community organization) medicine, psychiatry and education. In addition, the Division has provided special (short-term) training for public housing officials, parent groups, welfare workers, civic associations, clergymen, counselors, lawyers and others.

The Division maintains an outpatient program for persons with alcoholic and drug-related problems. The program takes a community mental health approach to substance use problems. It is designed and instrumented for accountability at all stages. Students are fitted into this treatment and research program at various levels. They may do interviewing, case management, data processing and analysis tasks, case planning, interagency coordination, and field or community work deriving from particular cases or problems.

The Division also does training programs in the community, working with such agencies as East Harlem's MEND (Massive Econonic Neighborhood Development) and UPACA (Upper Park Avenue Community Association). Goals are to develop skills and knowledge in the areas of substance use, assessment of community problems, case management, systematization of treatment planning and procedure, case monitoring and evaluation.

The Division has three staff members placed in a child health station in the Lehman Housing Project in East Harlem, the purpose of which is to train mothers to more fully understand and meet the developmental needs of their infants.

For three years the Division has sent teams to junior and senior high schools in and around New York City for preventive work. In addition to addressing issues of drug use, seminars with teachers and students have aimed at fuller communication across role and generation lines. Another goal has been the development of a cadre of teachers and students who are prepared to work for ongoing communication and curriculum development.

External programs such as these, which are essentially training programs in themselves, may also be used as training settings for some of the students from professional disciplines.

One of the features of the outpatient program for alcohol and drug users is an information system for accountability in case planning and case management. Each step of the case process, from referral to completion, is documented on instruments that codify case procedures. Most of the data on the instruments is routinely transferred to EDP cards and printed out in periodic censuses by our computer. At the case level, the evaluation process is focused in the multidisciplinary Case Review which is used both to establish initial case plans and to evaluate them on follow-up.

The accountability system enables the agency rapidly to structure the trainee's approach to his work. Further, it monitors the trainee's performance, which aids his learning and insures that the agency meets its obligation to the patient.

The accountability system also serves as a model for collaborative development of individualized systems for some of the community agencies with which staff works. Such an effort serves as a training device for members of the agencies.

Over the past three years the Division has provided formal training for 562 individuals

affiliated with 17 agencies and institutions. In addition, staff has met with or presented materials to scores of groups such as parents, community leaders, professional memberships, etc., during this period. On an average, the Division conducts fifty agency conferences a year, involving some 200 agencies annually in what is both a care-delivery and a training device.

The impact of these teachings upon the trainees and their many organizations is primarily a matter of long-range effects which only the future can reveal. The immediate effects of the project can be judged by impression. For example, DCMH has been instrumental in shaping the development of two major multi-service agencies in the East Harlem Community (MEND, UPACA). DCMH has trained their staff, to a great extent, and have helped to systematize their procedure in light of their goals and strengths and the needs of the community. While this much is demonstrable, the benefits to the community - which is the essential goal - can only be inferred.

To take another example, the school projects have led to changes in curriculum and organization, and to what is apparently an on-going process of institutional self-evaluation and improvement by groups of combined students and faculty. The effects of these changes in the institution upon its students and teachers, have thus far been heartening to the Division and to them. Numerous professional publications have emanated from this project.

EDUCATIONAL PROGRAM FOR ALCOHOLISM COUNSELORS

Dr. Abraham M. Schneidmuhl
Alcoholism Clinic
Baltimore City Health Dept.
2221 Saint Paul St.
Baltimore, Md. 21218
*MH-11054 1967-1970

This project is developing a six-month training sequence for nonprofessional persons interested in becoming alcoholism counselors in various settings. The program objectives are: (1) to develop teaching techniques and teaching material for an intensive education program designed to prepare non-professionals to work effectively with alcoholic patients and (2) to develop techniques of selection of students for this program. To date, seventy-five trainees, (fifty of them sponsored by this Grant) have completed the program.

The educational backgrounds of the trainees ranged from high school equivalency certificate holders through four years of college. The target population has included emotionally mature, social drinkers, abstainers or recovering alcoholics who have proven themselves to be people-oriented, with an interest in playing a role in habilitation or rehabilitation of the alcoholic. They must display some evidences of social and/or economic accomplishment (past or present).

The following facilities have been significant in their cooperation in the training program: the Baltimore City Health Department's Alcoholism Center, The Johns Hopkins School of Public Hygiene, and the Alcoholism Clinic at the Psychiatric Institute, University of Maryland. The following institutions accept students in field assignments: The Johns Hopkins Hospital, The University of Maryland Hospital, Spring Grove State Hospital, Loch Raven Veterans Hospital, United States Public Service Hospital, and Baltimore City Hospitals. Trainees also accompany Court Counselors (Municipal Courts) for several sittings.

Two months out of the six-month training period are devoted to didactic lectures based on alcohol, alcoholism and the alcoholic. The next four months are spent in field assignments in general hospitals or state hospital Alcoholic Rehabilitation Units. Four week-ends are spent in a general hospital's emergency room.

This training program has played a significant role in the development of alcoholism programs in Maryland by: (1) training manpower to back up developing programs; (2) creating a demand for alcoholism counselors; (3) stimulating "helping agencies" (hospitals, jails, etc.) to develop alcoholism programs; (4) helping to improve the general hospital's staff's attitude toward the alcoholic patient; (5) helping to improve the treatment of the alcoholic patient.

A most unique facet is the graduating (after a six-month training period) persons with both the ability and the capability to set up a general hospital's program and/or its quarter-way house program (under professional supervision, of course).

The program has quite an impact in organizations and systems on all levels - local, regional and national. Locally, the general hospitals are beginning to accept the

alcoholic with the primary diagnosis of alcoholism. Three general hospitals have hired several graduates. They in turn have been instrumental in involving the staff with the alcoholic through establishing in-patient groups and out-patient clinics. Two general hospitals have established quarter-way houses.

A graduate was invited to participate in the National Highway Safety Program, Spring 1970, at the University of Michigan.

The community colleges of the area are interested in setting up courses on alcohol education and alcoholism counseling. The community schools are inviting staff and graduates to help in planning alcoholism education programs. As a result, it is hoped that an information, referral and/or counseling center will be established in a "facility barren" area shortly. Project staff members are working with the school and representatives from the mayor's office and from one state senator's office.

Locally, several community projects are being funded for alcoholism programs but only to hire health aides on levels I or II. Program graduates have offered their services to train health aides in the field of alcoholism during "crash training sessions" (45 hours).

As a result of interest generated through the program, the Johns Hopkins School of Hygiene (of which the Project Director is a staff member) recently offered an elective course on alcoholism with the Alcoholism Center's staff members, graduates of the Training Program, plus authorities from various disciplines serving as lecturers. The student body of this elective course included those from Scotland, India, Phillippines, Puerto Rico and the United States.

On a national level, the National Council on Alcoholism has invited a staff member to serve as co-chairman Alcoholism Counselor Training Programs on a national level and to participate in the establishing of guidelines for such an organization.

Graduates are filling the following positions: (1) Assistant to coordinators who are establishing programs in hospitals or quarter-way and half-way houses. (2) Setting up training programs in facilities where they are employed. (3) Serving as supervisors for current trainees during field placements. (4) Being utilized as alcoholism/drug abuse counselors. (5) Serving on advisory boards of area councils on alcoholism and alcoholism programs of private foundations, general hospitals and community colleges. (6) Lecturing to staff of service and community agencies. (7) Serving on faculties of summer institutes. (8) Public relations.

The project staff is currently in the process of preparing a handbook for Alcoholism Counselors. A series of slides have been developed. A series of teaching tapes based on counseling and interviewing is being developed.

Staff has participated in the following conferences on alcoholism: Office of Economic Opportunity Conference, Mental Health Association Showcase Conference, Association of Allied Health Programs; all held in Washington, D.C., 1969 to 1970. Papers were presented at the North American Association of Alcoholism Programs Annual Meeting, September 1969, Vancouver, British Columbia and National Council on Alcoholism, Professional Training on Alcoholism, April 1970, Faculties of Baltimore County Teachers Association.

Section 29.

GERIATRIC WORKERS

GERIATRIC OUTREACH WORKER

Mrs. Goldie Lake
Case Western Reserve University
University Circle
Cleveland, Ohio 44106
MH-12382 1970-1973

This project addresses the problem of assisting older people to sustain their social, physical, and emotional functioning, enabling them to remain in their own home and community and postponing or averting the need for institutionalization. It creates the role of Geriatric Outreach Worker, who, as an outreach employee of a nursing home, social or public agency, will serve the aged person in his home. Under the direction of the professional health care team of the agency he will act as facilitating agent, teacher, and friend, providing or being a link to whatever services are needed to enable the older person to maintain independent living.

The experience of New Careers programs, both here at Cleveland College and elsewhere in the nation, indicates that inner-city people with adequate personal qualities even though without previous education or training, can learn to perform creatively a wide range of human services. Twenty-five poor people will be recruited each year for three years, screened through aptitude and character tests, and those selected will then be trained over a ten-month period. The training, modeled largely on successful New Careers methods, will include both classroom and field experience. The former involves remedial basic education as needed, job-related knowledge and experience concerned with understanding and working with older people, and supportive group experiences concerned with learning, work habits, and human relations. The field experience, conducted on alternate days to the classroom work, will start with structured observations of older people in the community; subsequently, and for the greater part of the training program, it will involve working and learning within the institution or agency where the Geriatric Outreach Worker will be employed on completion of training, progressively developing the skills needed for working individually with aged clients in the community. Supervision will be provided by a professional staff member of the institution, in consultation with the staff of the training center.

Cooperating agencies include a county welfare department, a chronic illness center, three homes for the aged, a state hospital, a Golden Age Center, and a variety of other community service agencies. Stipends are anticipated from two manpower programs in Cleveland, and the first cycle of training began in October, 1970.

Section 30.

MENTAL RETARDATION PERSONNEL

TRAINING OF PROFESSIONAL PERSONNEL FOR THE REHABILITATION OF MENTALLY RETARDED CHILDREN

Dr. Joseph B. Pincus
Department of Pediatrics
Jewish Hospital of Brooklyn
555 Prospect Place
Brooklyn, New York 11238
***MH-6327 1956-1958

This training program involved daily participation in actual diagnostic treatment and rehabilitation work in a clinic setting, including attendance at case conferences. Stress was placed by the project on a comprehensive team approach and community orientation.

A RESEARCH TRAINING PROGRAM IN MENTAL RETARDATION

Dr. Richard L. Schiefelbusch
Bureau of Child Research
University of Kansas
Lawrence, Kansas 66044
MH-8262 1963-1966

This research training program in mental retardation was administered by the Bureau of Child Research with training activities undertaken at Parsons State Hospital and Training Center, the University of Kansas Medical Center, and the University of Kansas. The training included basic research activities as well as research methods applicable to clinical and educational situations. Training activities were geared to full time participation for a year, much as in an intern year, and also for research trainees who were concurrently taking academic credit courses.

The primary goal of the training was to produce candidates for research careers in the field of mental health. The sub-goals for the research training plan were: (1) To train candidates in research skills applicable to areas of mental health; i.e., mental retardation, behavior disturbance, and sensory and motor handicaps; (2) To encourage candidates from fields of psychology, sociology, speech pathology and audiology and education, to undertake research careers in mental health areas; (3) To acquaint prospective researchers with an institutional research setting and conditions attendant to both laboratory and environmental research; (4) To undertake in-service research training of hospital and residential staff; (5) To develop a plan (model) for research training and for evaluating research training.

During early phases, trainees functioned as apprentices under the close and frequent supervision of staff members who shared research interests with the students. Interactions with other members of the research staff also occurred as experiments were planned and conducted. Informal discussions often led to formal meetings involving the entire staff and trainee groups at each setting. The research training seminars were arranged by the training director at each training center.

Twenty-four trainees completed at least one year of training and are currently employed in mental health areas. All trainees participated in experiments and many either published or prepared papers for publication during their traineeship.

The training project resulted in the development of a training model which placed each trainee under the tutorial experience of one or more senior research staff members in the research settings. The model also emphasized the placing of the trainees in the actual research operations that were ongoing in these settings. It is apparent that the amount of productivity of each trainee is directly related to the amount of time spent and the types of experiences developed by these trainees within the research programs of the respective settings. The staff found it profitable to undertake an evaluation of each trainee's progress every six months during the training period. In this way the training for each individual trainee and the overall training program were improved systematically.

As a means for disseminating information and for improving the skills of each trainee in writing research reports, a working paper series was instituted which was used as a means for preliminary write-ups prior to publication. It was also used to circulate information among the trainees and among the research settings, which information might lead to seminar reports and convention papers.

POST-GRADUATE INTERDISCIPLINARY TRAINING PROGRAM IN MENTAL RETARDATION

Dr. Margaret J. Giannini
Center for Mental Retardation
New York Medical College
5th Avenue at 106th Street
New York, N.Y. 10029
MH-8542 1964-1967

The main objective of this postgraduate training program in Mental Retardation was to provide the opportunity for mental health professionals from key disciplines to participate in a program of co-learning as mental retardation specialists. Until this time, there had been very limited opportunities for postgraduate clinical training in any area of mental retardation. Attempts to combine learning opportunities for professionals who would later be working together were severely limited. The professional organizations in mental retardation and public health, and international health agencies, had viewed the necessity for interdisciplinary learning opportunities as an especially critical need.

The second major element of the project was to make an effort to provide limited training opportunities for significant community groups - professional, citizen, paraprofessional, who were either currently or might conceivably become involved in working with or planning for the retarded. It was, in effect, an attempt to provide a program of community education in behalf of the retarded.

The training program operated for three years, 1964-1967. There were 36 full time training fellows involved from the fields of Medicine, Psychiatry, Social Work and Psychology. All were fully trained professionals, who had elected to participate in this post-professional program. The community part of the program involved the setting up of community training sessions for a large variety of groups. The major part of the training was carried on at the Mental Retardation Center of New York Medical College. Other divisions of the Medical School of Flower-Fifth Avenue Hospitals were utilized as necessary. Pertinent field trips were arranged in order to give trainees a broader perspective of services and programs for the retarded. The full time faculty consisted of a pediatrician, psychiatrist, psychologist and social worker, assisted by a part time faculty from education, speech pathology, and appropriate medical specialties.

The basic plan of the program was conceived as requiring a combination of academic content, multidisciplinary seminars, case demonstrations, observation, and extensive clinical practicum. The orientation of the program emphasized the needs of the total child and family and the interdisciplinary nature of all sound comprehensive programs of diagnosis, treatment, and habilitation.

The first month of the program was spent orienting the group towards the problem of mental retardation. A series of didactic lectures defining the medical, psychological, psychiatric and social aspects of mental retardation was given. This was coupled with observation of workers in these disciplines, case demonstrations and small group discussions. For certain parts of the program, such as case demonstrations and lectures, the entire training group met as a whole. For observations and smaller group discussions with individual members of the faculty, the basis for grouping was by disciplines of interdisciplinary teams.

The second month was given over to a more detailed study of the essentials of clinic team practice. The skills, contributions and functions of the separate disciplines were highlighted, and the problems of team practice in a clinic setting were dealt with. As in the first month, the teaching techniques consisted of lectures, small group discussions and observation. However, it was during this period that clinic cases were assigned to the training teams for their own study, under the close supervision of the full-time faculty members.

During the next two months, diagnostic and evaluation techniques received major emphasis. This was accomplished primarily through the case material assigned to the training groups, supplemented by case conferences, small group discussions, and to a lesser extent by didactic lectures. Program flexibility allowed for the introduction of material directed toward the special needs of some of the participants in the training program. This included (1) emphasis on emotional factors in growth and development of the normal child, (2) common emotional disorders of childhood, (3) interpretation of Rorschach and other projective tests, and (4) social factors in health and disease. In addition to this, it was found necessary to allocate additional time for case conferencing and case rounds. In the ensuing months, the major focus of attention was on treatment and management techniques. The most unique

spect of this project was the interdisciplinary emphasis and the quality of interdisciplinary sharing and interaction which is particularly necessary with the retarded because of the very clear interrelationship of medical, social and emotional factors that must be dealt with concurrently.

The development of this project preceded the establishment of the national program of University-Affiliated Centers (PL 88-164) to be established for the purpose of providing comprehensive programs that would permit the interdisciplinary training of all professional personnel concerned with the retarded. The success of this program may have been one factor in pointing out this urgent need.

When the center was designated as one of the University-Affiliated facilities, the experience gained from this program enabled staff to move readily into the expanded and enlarged training program in fulfilling the University-Affiliated commitment. The work with community groups was the precursor of greatly intensified activity in community programming. Many graduates have moved into important positions in teaching and program leadership. These include major staff and faculty positions in University-Affiliated Training Programs, community mental health centers, graduate schools and important administrative positions in health and social welfare facilities.

The findings of the project have been incorporated into presentations at national professional meetings, and incorporated into training material prepared for University-Affiliated Mental Retardation Programs.

PSYCHO-EDUCATIONAL RESEARCH SPECIALISTS IN RETARDATION

Dr. Martin B. Miller
Yeshiva University
55 Fifth Avenue
New York, N.Y. 10003
***MH-8547 1966-1970

The Department of Special Education has established a training program to develop research scientists capable of working on mental health problems relating to mentally retarded children within the context of an educational setting, and to evaluate and refine the program for such training. The program of training requires three years to complete, culminating in a doctoral degree.

Section 31.

RECRUITMENT FOR PROFESSIONS

HOPLESSNESS TO LEADERSHIP

Mr. Paul A. Parks
"Escape String"
Special Service for Groups, Inc.
2400 South Western Avenue
Los Angeles, California 90018
MH-11513 1968-1973

'Hoplessness To Leadership' was funded July 1, 1968. The program has selected for training, twenty youths, ten from the black ghetto and ten Chicanos from the barrio who possess leadership ability and have an interest in the welfare of others, but by the forces of poverty, poor educational achievement and lack of hope are frustrated in their attempts to achieve. These students come from low-income areas (or poverty), and their lives present constant crises. The staff is available at all hours for student needs. Crises are: legal, financial, medical and include personal and family crises, as well as psychogenic disorders associated with intensive commitment.

The program itself has three distinct but integrated parts, matriculation in college and on-site instruction, remedial education and emotional support, and training in community institutions and social agencies.

One of the immediate goals of the program is to assist the youth through college and perhaps through a graduate degree as required for the professional field of his choice.

It is envisioned that the program will provide a model for the selection and training of personnel who will influence institutional change, breaking down traditional attitudes and procedures for educating and serving the poor in local communities and cooperating schools and agencies. The model will involve having students of diverse backgrounds, newly trained, attaining positions of authority which will change policy, professional image and professional goals. It is hoped that the program will provide, in the next three to four years, a model for professional practice that may implement methods, techniques, and skills to attain change.

To date, fifteen students are ready to enter upper division college work, five are in lower division. Most of the 15 have already been transferred to small privately supported liberal arts colleges.

The staff consists of five full-time professionals; three social workers, one sociologist, one administrative assistant and eleven consultants available as needed.

Publications are in process.

There is a constant series of informal inquiries from other local educational programs, predominantly dealing with issues of recruitment of students.

This program raises several questions: Can recruitment for social work and the other helping professions be done among lower division college students in the ghettos? What supports will make it possible for these students to complete their training for credentials? Will they become effective agents for change?

PROFESSIONAL PROGRAM IN CLINICAL PSYCHOLOGY

Dr. Donald R. Peterson
University of Illinois
Children's Research Center
Champaign, Illinois 61820
MH-11446 1969-1974

The Doctor of Psychology program is designed to prepare psychologists for professional work at the highest levels of responsibility. The program has formally been in effect since September 1968. However, a group of students who entered graduate training in 1967 requested permission to declare candidacy for the Doctor of Psychology degree and they were allowed to do so. In all, 23 students are now enrolled in the program at three levels. By now it is clear that very large numbers of highly qualified applicants request admission to the program. Most of the students enter graduate work directly from baccalaureate level education, though a large minority of applicants have spent at least a year in some kind of preprofessional work or in graduate study elsewhere.

Initial training is conducted principally at a psychological service center operated by the Department of Psychology. Additional training takes place at two nearby comprehensive mental health zone centers, a student counseling service, a veterans hospital, and increasingly in association with community agencies organized to accomplish preventive rather than meliorative aims. The first year of training is concentrated on education in basic behavioral science, research methods, an introduction to clinical psychology, and involvement in some kind of professional or preprofessional work. During the second year, training is offered in medical psychology, community psychology, psychological assessment, and at least one form of change-directed professional activity. The third year is devoted entirely to professional training by way of numerous laboratories in clinical psychology. Some of these are conducted by university faculty members and others by psychologists primarily affiliated with field agencies. At the present time laboratories are offered in two forms of individual psychotherapy, systematic desensitization, hypnosis and dream interpretation, two forms of group counseling, behavior modification programs in residential settings, and several forms of community intervention. The fourth year of training is devoted to an internship.

At the end of the fourth year, upon review of performance records and approval of a report emphasizing innovation in professional work, the Doctor of Psychology degree will be awarded. The first graduates will complete the program in September 1971. There is every reason to suppose that good jobs will be available for them, though the facts of job placement and professional performance are the major findings yet to be determined in the training experiment.

This is the first clinical psychology training program in the country designed outside the Ph.D. scientist-practitioner model established at the Boulder Conference over 20 years ago. If the experiment is as successful as preliminary findings suggest, the Doctor of Psychology model may not only furnish a substantive pattern for other professional programs, but a sanction for innovative change which the discipline of clinical psychology has so far appeared to lack.

To date, the academic and professional performance of students in the Doctor of Psychology program has been of the highest quality. Their course grades, on the average, have been slightly but not significantly better than those of Ph.D. students with whom they have been compared. Supervisors of clinical training have typically neither cared nor known which students were in the Ph.D. program and which were in the D.Psy. program. There is no evidence whatsoever of inferior status or second class citizenship attributed to members of the Doctor of Psychology program. Student morale is high, and objections to the program on the part of students have practically vanished. Survey data and informal verbal reports also show favorable faculty attitudes toward the program. Explicit professionalization has made the justification of faculty appointments and financial expenditures for clinical training easier than before. Many faculty members, like the larger professional community, are still appropriately reserving judgment on the final outcome of the experiment, but most appear to be giving it a stronger chance of success than at the time the program began.

External sanctions also appear to be changing. Members of the Chicago Training Conference now express more favorable attitudes toward the program than they did in 1965. Review for accreditation by the American Psychological Association was initiated, a new category for the "provisional accreditation of experimental programs" has now been written into the accreditation rules, and a second

review has been conducted, though the outcome of the latter review has not yet been determined. There is some reason to suppose that the program has had effects not only on the local training enterprise, but on the agencies which control training policy at a national level.

So far, no other Doctor of Psychology programs have been inaugurated, though interest in the Illinois program has been strong. Internally, the Doctor of Psychology program has been a clear success. Whether this justifies the formation of variants at other institutions can only be determined by conditions at those intitutions. For many reasons, it is important that any programs attempted in the new model be of the highest quality. It seems vastly preferable for a few good Doctor of Psychology programs to start now than for a lot of poor ones to begin in departments which do not have the personnel and other resources to conduct a satisfactory program. A symposium entitled "Revolution in Professional Training" was organized for the convention of the American Psychological Association at Miami in September 1970. Status of the Doctor of Psychology program at Illinois, and the desirability of initiating similar programs elsewhere were considered on that occasion.

EPIDEMIOLOGY INSTITUTE FOR MENTAL HEALTH STATISTICIANS

Dr. Paul V. Lemkau
School of Hygiene and Public Health
The Johns Hopkins University
615 North Wolfe Street
Baltimore, Maryland 21205
**MH-9471 1964-1965

This project was for the purpose of providing a two-week training institute for personnel dealing with mental health statistics in the 16 states of the Southern Regional Education Board area.

This institute, representing the fourth in an annual series, was concerned with the introduction of epidemiology as a technical area and the study of epidemiology as applied in the mental health field. The institute was a joint effort of the Departments of Mental Hygiene, Epidemiology and Chronic Disease of the School of Hygiene and Public Health, Johns Hopkins University.

The major objective was to review the techniques of statistics used in the interpretation of disease distribution and behavioral patterning, that is, epidemiology with special reference to the epidemiology of mental illnesses and of human behavior and attitudes. Specific aims were to provide opportunity for the group to develop further competence in:

a. Basic epidemiological theory and practice in epidemiological analysis of data.

b. The use of epidemiological methods in relation to the mental diseases and syndromes.

c. The design of interview instruments and the coding and analysis of interview data.

d. The use of sociological material in the interpretation of disease distribution.

e. The use of routinely collected statistics in studying the epidemiology of the mental illnesses.

INDEX

Adjunctive therapists
71(8543), 72(8573), 74(8620), 75(11810)

Administrators (see Mental health administrators)

Aftercare (see Rehabilitation)

Alcoholism
133(10448), 139(7460), 140(8589), 141(10279), 142(11054)

Architectural & environmental design
79(12122)

Associate of Arts level mental health workers
1(10281), 3(10879), 4(11008), 6(11176), 7(11202), 8(11685), 10(11707), 12(11933)

Behavior modification
26(11647), 121(11739), 147(8262)

Child care personnel (early childhood)
13(8322), 87(12168), 87(12495)

Child care workers
90(7919), 93(8545), 95(8574), 95(10550), 96(11816)

Child development consultants
115(10978), 115(11067), 117(11149), 118(11199), 119(11217)

Citizen participation (see Volunteers and citizen participants)

Clergy
30(10276), 51(6404), 52(6406), 52(6407, 7448), 54(8040), 55(8211), 57(8572), 58(10310), 59(12174), 123(8546), 140(8589)

College mental health
21(12419), 22(12451)

Communications specialists
65(8633), 66(11495), 67(12111)

Community agency personnel
29(6409), 29(8060), 30(8338), 30(10276), 31(10282), 31(10285), 89(7790)

Crime & delinquency
89(6622), 129(6166), 129(6413), 129(6588), 129(8278), 129(10288), 130(10289), 130(10295), 131(6252), 131(8318), 131(9579, 10293), 133(9484), 133(10448), 134(10893), 135(11505)

Dentistry & mental health
77(6412)

Disadvantaged
3(10879), 8(11685), 10(11707), 12(12151), 13(8322), 15(11382), 16(11529), 20(12305), 58(10310), 59(12174),87(12168), 87(12495), 145(12382), 151(11513)

Explanatory note: The references following each category contain first the page number on which the summary of a project begins, followed by the grant number in parentheses.

Drug Abuse
49(12301), 133(10448), 140(8576), 141(10279)

Educational administrators
43(11018), 113(8472), 113(8479), 114(10561)

Emotionally disturbed children
35(9544), 36(11129), 71(8543), 75(11810), 87(12168), 89(6110), 89(6622), 89(7790), 92(8108) 95(8574), 99(10388), 100(10476), 100(10480), 102(10547), 105(7468), 106(7559), 106(8172), 114(10561)

Epidemiologists, mental health
84(11105)

Films & television
69(8313), 69(11397)

Geriatric workers
145(12382)

Hospital personnel
23(6379), 23(8210), 24(10572), 26(11647)

Indian medicine men
63(11930)

Information specialists (see Communications specialists)

Journalists (see Communications specialists)

Judges (see Lawyers, Judges, and other legal personnel)

Lawyers, judges, & other legal personnel
129(6166), 129(6413), 129(6588), 129(8278), 129(10288), 130(10295), 130(10289)

Marriage, family and sex
52(6407, 7448), 87(12495), 123(8546), 124(8561), 124(9520), 125(10001), 127(11695)

Mental Health
Administrators-39(7464), 39(10233), 42(10648), 43(11018), 45(11207), 46(12155)
Education-40(10301)
Workers-1(10281), 3(10879), 4(11008), 6(11176), 7(11202), 8(11685), 10(11707), 12(11933), 12(12151), 13(8322), 13(9525), 13(10510), 13(10538), 15(11382), 16(11529), 18(11709), 18(11820), 20(12305)

Mental retardation personnel
72(8573), 92(8108), 147(6327), 147(8262), 148(8542), 149(8547)

Model cities personnel
18(11709), 33(12539)

Multi-cultural studies
113(8479)

Multidisciplinary
18(11820), 23(6379), 29(6409), 29(8060), 30(8338), 30(10276), 31(10282), 31(10285), 39(7464), 39(10233), 42(10648), 81(7457), 89(6110), 89(6622), 93(8545), 95(8574), 124(8561), 125(10001), 129(10288), 130(10289), 131(6252), 131(8318), 134(10893), 135(11505), 140(8576), 141(10279), 147(6327), 147(8262), 148(8542)

Music therapy
72(8573)

Nursery school teachers (see Teachers)

Occupational therapy
74(8620)

Pharmacists
49(12301)

Preventive mental health
13(8322), 18(11709), 18(11820), 33(12539), 39(10233), 40(10301), 63(11930), 113(8472), 113(8479), 115(10978), 115(11067), 117(11149), 118(11199), 119(11217), 121(11739)

Professional psychology
153(11446)

Psychoanalysis
29(8060), 89(6110), 89(7790)

Public health personnel
155(9471)

Recreation specialists
71(8543), 75(11810)

Recruitment for professions
151(11513)

Rehabilitation and/or aftercare
13(10538), 23(8210), 24(10572), 31(10282), 35(11062)

Research training
46(12155), 81(7457), 131(9579, 10293), 139(7460), 147(8262), 149(8547)

Rural mental health
30(10276), 57(8572)

School consultants
115(10978), 115(11067), 117(11149), 118(11199), 119(11217), 121(11739)

School mental health
18(11820), 36(11163), 99(10388), 100(10476), 100(10480), 102(10547), 105(7468), 106(7559), 106(8172), 109(6624), 110(6625), 110(6635), 113(8472), 113(8479), 114(10561), 115(10978), 115(11067), 117(11149), 121(11739), 149(8547)

Social interaction therapy
23(8210)

Statisticians
82(9465), 82(10373), 84(11105)

Teachers
Mental health training of-109(6624), 110(6625), 110(6635)
Of emotionally disturbed schoolage children-105(7468), 106(7559), 106(8172)
Of emotionally disturbed preschool children-99(10388), 100(10476), 100(10480), 102(10547)

Television (see Films & television)

Unwed mothers
87(12495), 124(9520)

Urban mental health
18(11709), 46(12155), 58(10310), 59(12174), 131(8318), 151(11513)

Volunteers and citizen participants
35(9544), 35(11062), 36(11129), 36(11163), 37(12162)

☆ U. S. GOVERNMENT PRINTING OFFICE : 1971 O - 419-233